



APPLICATION FOR ALLIED HEALTH PROGRAMS

SURGICAL TECHNOLOGY

\_\_\_ Surgical Technology Short-Term Certificate

EMERGENCY MEDICAL SERVICES

\_\_\_ EMT Basic - Certificate

\_\_\_ EMT Advanced - Certificate

\_\_\_ Paramedic - Associate Degree

DATE \_\_\_\_\_

I. PERSONAL DATA

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell/Text: \_\_\_\_\_ Email: \_\_\_\_\_

Are You Currently Employed? Yes \_\_\_ No \_\_\_ Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Are You Employed Full-Time \_\_\_ or Part-Time \_\_\_ Initial Date of Employment: \_\_\_\_\_

II. EDUCATION

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED (if applicable): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Have you attended other colleges? Yes \_\_\_ No \_\_\_ If yes, list colleges attended with degrees earned if applicable.

Name of College	City and State	Degree or Program of Study

Have you previously been admitted to any Allied Health Programs? \_\_\_ Yes \_\_\_ No If yes, give the name of the college attended and state reason for withdrawal.

\_\_\_\_\_

\_\_\_\_\_

Have you taken the Compass Test? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_ Place taken: \_\_\_\_\_ and your name, as listed when tested \_\_\_\_\_

### III. ELIGIBILITY FOR CLINICAL ROTATIONS

As an Allied Health applicant you are not required to respond to these questions; however, it is important that you understand that acceptance into an Allied Health program does not guarantee eligibility to attend clinical sites. As guests of clinical sites the Allied Health division must conform to the requirements of said clinical sites. **Therefore a background check is required of all Allied Health students.**

Have you ever been arrested or convicted of a criminal offense other than a minor moving traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you within the last five (5) years abused drugs/ alcohol or been treated for dependency to alcohol or illegal chemical substances? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been arrested or convicted for driving under the influence of drugs/alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you within the last five (5) years received inpatient or outpatient treatment or been recommended to seek treatment for mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever had disciplinary action or is action pending against you by any national or state board of licensure or certification? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been placed on a state and/or federal abuse registry? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been court-martialed/disciplined or administratively discharged by the military? Yes \_\_\_\_\_ No \_\_\_\_\_

### IV. Admission to Allied Health programs is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.

Minimum admission standards for Allied Health programs include:

1. Unconditional admission to the college and in good standing with the college.
2. Receipt of completed application for the desired Allied Health program(s).
3. Meeting the essential functions and technical standards required for Allied Health programs.
4. Providing an acceptable health statement and physical exam form.
5. Meeting with Program Director of your chosen Allied Health program.

Additional minimum requirements may be required. Contact the Program Director of your desired program of study for specific requirements for that program. See contact information below.

I understand that completion of this application is a component of the student profile and does not in itself grant admission to an Allied Health program. I understand this application must be updated if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NOTE: THIS APPLICATION, AN LBWCC APPLICATION FOR ADMISSION, COLLEGE AND/OR HIGH SCHOOL TRANSCRIPTS, AND COMPASS SCORES MUST BE ON FILE IN THE ADMISSIONS OFFICE BEFORE YOUR APPLICATION CAN BE CONSIDERED. IT IS RECOMMENDED THAT YOU CHECK WITH ADMISSIONS STAFF TO SEE IF YOUR FILE IS COMPLETE PRIOR TO THE DEADLINE LISTED BELOW. EARLY SUBMISSION OF ALL REQUIRED DOCUMENTS IS ENCOURAGED.

<b>PROGRAM:</b>	<b>BEGINNING TERM:</b>	<b>DEADLINE TO SUBMIT ALL INFORMATION:</b>
EMS: BASIC-CERTIFICATE	EVERY SEMESTER	2WKS PRIOR TO SEMESTER STARTING
EMS: ADVANCED-CERTIFICATE	FALL / SPRING	2WKS PRIOR TO SEMESTER STARTING
EMS: PARAMEDIC-DEGREE	FALL	APRIL 15

#### Program Director's Contact Information

Ms. Debra Hudson, Admin. Asst.  
Surgical Technology  
P.O. Box 910  
Opp, AL 36323  
334-493-5320

Mr. Wayne Godwin  
Emergency Medical Services  
P.O. Box 1418  
Andalusia, AL 36420  
334-882-2210  
wgodwin@lbwcc.edu