



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.

PROGRAM:	BEGINNING TERM:	DEADLINE TO SUBMIT ALL INFORMATION:
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

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