HOUSTON COMMUNITY COLLEGE
Coleman
COLLEGE FOR HEALTH SCIENCES

Updated as of 07/01/15

APPLICATION FOR HEALTH SCIENCES PROGRAM

CONTACT INFORMATION

Full Name:		HCC ID #:	
Phone #:	Alternate Phone #:	E-mail:	
Address:			
City:		State:	ZIP Code:
Emergency Contact Name:		Phone #:	

PROGRAM OF CHOICE

◯ Computed Tomography	◯ Human Service Technology	◯ Occupational Therapy Assistant
◯ Dental Assistant	◯ Medical Assistant	◯ Pharmacy Technician
◯ Dental Hygiene	◯ Medical Laboratory Technician	◯ Pharmacy Technician (Retail MSA)
◯ Diagnostic Medical Sonography	◯ Nuclear Medicine Technology	◯ Physical Therapist Assistant
◯ Health Information Technology	◯ Nursing – CNA-LVN Transition	◯ Radiography
◯ Health Care Career Academy – Phlebotomy	◯ Nursing – LVN	◯ Respiratory Therapy
◯ Health Care Career Academy – Sterile Processing	◯ Nursing – LVN-RN Transition	◯ Surgical Technology
◯ Histologic Technician	◯ Nursing – RN	

APPLICATION SEMESTER

☐ Fall, Year ☐ Spring, Year ☐ Summer, Year

CURRENT HEALTH SCIENCE PROFESSIONAL LICENSE OR CERTIFICATE

Type:	State:
Number:	Expiration Date:

HEALTH CARE EMPLOYMENT HISTORY

Employer:	Dates of Employment:
Position Title:	Reason for Leaving:
Job Description:	
Employer:	Dates of Employment:
Position Title:	Reason for Leaving:
Job Description:	

PREVIOUS COLLEGES / UNIVERSITIES ATTENDED (LIST MOST RECENT FIRST)

Name of College/University:	GPA:
Type of Degree Completed/Major:	Semester Hours Completed:
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Type of Degree Completed/Major:	Semester Hours Completed:

SIGNATURE

The information I have provided is complete and correct to the best of my knowledge.

Applicant Signature: Date:

Advisor Signature: Date:

Note: Background checks and drug screenings are performed on all accepted students. Clinical placement will be contingent upon the results of the background check. Applicants who have been convicted of a felony must contact the appropriate credentialing agency to determine eligibility.