



**Associate in Applied Science
Department of
Allied Health and Nursing**

2014 APPLICATION FOR ADMISSION

to

MEDICAL ASSISTING

WYOMING CAMPUS

APPLICATION DEADLINE
August 14, 2014, by 4:30 P.M.

www.southernwv.edu

**2014 Associate in Applied Science Application
Medical Assisting
(Return this page only with required attachments)**

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Telephone Numbers: Home: _____ **Work:** _____ **Cell:** _____

Southern ID: _____ **Social Security Number** _____

E-mail Address (MANDATORY): _____

Are you a U. S. Citizen? Yes **No**

Under Immigration and Naturalization Service's rules, Southern is not an institution certified to receive international students.

***Failure to fully complete this application, provide truthful information, and/or send required documentation by August 14, 2014, at 4:30 p.m., will result in immediate disqualification.**

I certify that all information provided in connection with this application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission on this application shall automatically dismiss me from the Medical Assisting program. I have applied for admission to Southern West Virginia Community and Technical College and all transcripts, other than Southern's, are attached to this application. I have also attached a copy of my ACT scores, if applicable, to this application. By signing below I verify and hereby affirm that I have read and understand this application.

I also hereby certify that I am or will be eligible for college level English and college level math by the application deadline of August 14, 2014, 4:30 p.m.

Signature of Applicant

Date

APPLICATION AND ALL SUPPORTING DOCUMENTS MUST BE RECEIVED ON OR BEFORE AUGUST 14, 2014 - 4:30 P.M.

Information provided to the Department of Allied Health and Nursing is confidential and is used only for selections purposes.

If you have a change of name, address, or email you **must** contact the Coordinator for Medical Assisting and Student Records **immediately** to update your information.

Mail or hand deliver completed application (with required documentation) by **August 14, 2014, 4:30 p.m.**
to:

Lora Foster, Coordinator, Medical Assisting Program
Southern West Virginia Community and Technical College
Boone/Lincoln Campus
3505 Daniel Boone Parkway
Danville, WV 25053
304-307-0701
Fax: 304-369-2954

STATEMENT OF UNDERSTANDING

(Do not return this Statement of Understanding –Keep for your information)

I understand the following:

1. It is my responsibility to contact the Registrar at 304.896.7443 to ensure that my transcripts and records are received, accurate and complete.
2. Travel is required in all Allied Health and Nursing programs. Day, evening, night, and/or weekend clinical rotations may be assigned. All arrangements and expenses are my responsibility.
3. Criminal background checks and drug screens are required at my expense upon tentative admission to an Allied Health or Nursing program. Payment and testing is required regardless of previous acceptance into a program(s).
4. Clinical agencies may request the results of background checks, drug screens, or other investigative information and may deny access to clinical facilities.
5. I may or may not be allowed to take the appropriate licensure/certification exam if convicted of a felony or misdemeanor.
6. A random drug screen may be requested at any time while in the program. Failure to comply with a request for a drug screen, or a positive or diluted drug screen, will result in immediate dismissal from the program.

7. If I have ever received, or am currently receiving, treatment for drug dependency, I must submit a copy of the treatment/record or discharge summary, printed on the facility's letterhead upon tentative admission to an Allied Health or Nursing program.
8. Letters of recommendation **ARE NOT** required and, if letters are submitted, **WILL NOT** be used in the selection process.
9. Applications are not held over from year to year and if I am not admitted I must re-apply. This application supersedes and takes precedence over any previous application produced by the Department of Allied Health and Nursing.
10. Failure to provide any requested information or any proven misrepresentation, dishonesty, deceit, falsification, or omission of information **WILL** result in immediate disqualification of the application.
11. If any of the above statements are not fully understood, it is my responsibility to request clarification from the Department Chair of Allied Health and Nursing and/or the Dean, Career and Technical Programs.

It is the policy of Southern West Virginia Community and Technical College to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, sexual orientation, disability, or national origin. This nondiscrimination policy also applies to all educational programs, to admission, to employment, and to other related activities covered under Title IX, which prohibits sex discrimination in higher education. Southern West Virginia Community and Technical College also neither affiliates with nor grants recognition to any individual, group or organization having policies that discriminate on the basis of race, sex, religion, age, sexual orientation, disability, or national origin. Inquiries on the implementation of the policy and/or Title IX Amendment should be addressed to:

Affirmative Action Officer

Debbie Dingess
Interim Director of Human Resources
304.896.7408
Debbie.dingess@southernwv.edu

Title IX Coordinator

Darrell Taylor
Dean, Enrollment Management and
Student Development
304.896.7432
Darrell.taylor@southernwv.edu

INSTITUTIONAL ACCREDITATION

Southern West Virginia Community and Technical College is accredited by the:

Higher Learning Commission of the North Central Association of Schools and Colleges

230 South LaSalle Street, Suite 7-500

Chicago, IL 60604-1413

Phone: 312.263.0456/800.621.7440

Fax: 312.263.7462 <http://www.ncahlc.org>

PROGRAMMATIC ACCREDITATION

Agencies accrediting specific program offerings at Southern West Virginia Community and Technical College include:

Medical Laboratory Technology

National Accrediting Agency for

Clinical Laboratory Sciences

5600 River Road, Suite 720

Rosemont, IL 60018

Phone: 847.939.3597/773.714.8880

FAX: 773.714.8886

<http://www.nacls.org>

Radiologic Technology

Joint Review Committee on Education
in Radiologic Technology

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: 312.704.5300

FAX: 312.704.5304

<http://www.jrcert.org>

Nursing

Accreditation Commission for

Education in Nursing (ACEN)

3343 Peachtree Road, NE, Suite 850

Atlanta, GA 30326

Phone: 404.975.5000

FAX: 404.975.5020

<http://www.acenursing.org>

Respiratory Care Technology

Committee on Accreditation in

Respiratory Care

1248 Harwood Road

Bedford, TX 76021-4244

Phone: 817.283.2835

FAX: 817.354.8519

<http://www.coarc.com>

West Virginia Board of Examiners for

Registered Professional Nurses

101 Dee Drive, Suite 102

Charleston, WV 25311-1620

Phone: 304.558.3596

FAX: 304.558.3666

<http://www.wvrnboard.com>

Surgical Technology

Commission on Accreditation of

Allied Health Education Programs

1361 Park Street

Clearwater, FL 33756

Phone: 727.210.2350

FAX: 727.210.2354

<http://www.caahep.org>