



Polysomnography Technology Program APPLICATION 2017

Applications will be accepted until June 1st

Applications received after the deadline will be considered on a space available basis. Please contact Program staff (256-352-8410) for any questions.

1. Prior to APPLICATION to the program, the following boxes must be complete:

- Apply to WSCC Admissions. submit all official transcripts to admissions, submit other required documentation and be in good standing.
 - Official ACT score submitted to WSCC Admissions.
 - Reviewed WSCC Health Division Background Policy and Drug Screening Policy (<http://www.wallacestate.edu/Programs/Health-Division/index>)
 - Make copies of this application and attached documentation for your records
 - I have reviewed the PSG program requirements in the WSCC catalog.
- If seeking financial aid, submit FAFSA Application by (www.fafsa.gov) - School Code 007871

2. To APPLY for Admission to the Polysomnography program, ATTACH all the following and SUBMIT to PSG Program Director:

- Polysomnographic Tech program application
- Unofficial College Transcripts (High school transcript if no college, (Transcripts must have GPA to be considered). Cumulative GPA of 2.0 or higher required. GPA _____
- Copy of ACT composite score (composite of 17 or greater) regardless of previous coursework or degrees ACT _____
- Copy of CPR Card

Date of Application _____ WSCC Student Number _____

Full Name _____
Last Name First Name Middle Initial Maiden

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____	Emergency Contact _____
Cell Phone _____	Relationship _____
	Emergency Contact Phone _____

Previous Education (Please attach copies of transcripts for each college - use reverse side for additional college information)

Transcript Attached	College Name	City/State	Diploma or Degree	Date
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which field: _____

All students are required to have an American Heart Association or American Red Cross Healthcare Provider CPR card. The card must be valid for 1 year from the time of acceptance. WSCC offers a non-credit CPR class for Healthcare Providers call 256.352.7826 or e-mail mandi.perkins@wallacestate.edu and the Wallace State EMS Department offers EMS 100 - CPR certification for-credit class, check the schedule of classes posted on the WSCC homepage, www.wallacestate.edu.

I understand that meeting minimal requirements does not in itself grant admission to the PSG program, that I will be notified in writing of my application outcome, and that a new application must be submitted 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. Upon acceptance all health science division students are required to have current physical, current immunizations, major medical insurance, Drug screenings and background check and CPR.

This Application Expires June 2, 2017

You may hand deliver the application to PSG Program Director Lisa Tarvin, TBH 6TH Floor office #619, or to the Health Science Secretary Debra Young, TBH, 1st Floor office #102 or mail.

Student Signature (*in ink*) _____ Date _____

Mail completed application to:

Polysomnography Tech Program
Attn: Lisa Tarvin (#52)
Wallace State Community College
P. O. Box 2000, Hanceville, AL 35077-2000

For official use only:

Date Application Received _____ Application Complete: Yes No
Application Reviewer's Initials: _____ Additional documentation required: _____

Wallace State Community College does not discriminate on the basis of race, color, sex, religion, national origin, disability, sexual orientation, or age.