



# CLINICAL LABORATORY TECHNICIAN Program Application Checklist

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Applications for **Summer Semester** will be accepted until **April 30<sup>th</sup>**.  
Applications for the **Fall Semester** will be accepted until **July 30<sup>th</sup>**.  
Applications received after the deadline will be considered on a space available basis.

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## TO COMPLETE APPLICATION TO THE PROGRAM, THE FOLLOWING MUST BE SUBMITTED:

### Submit to the ADMISSIONS Office

- WSCC application
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate

### Submit to the CLT PROGRAM DIRECTOR:

- CLT program application
- Copy of OFFICIAL transcripts from ALL colleges previously attended (WSCC students may attach a *student copy* of their Wallace transcript)
- Applicants **MUST** arrange for an orientation interview with the CLT Program Director (256) 352-8347 or toll-free 1-866-350-9722 ext. 8347. This should be done at the time application is made to the Program.

\*All information must be included for this packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date.

YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT. If you reapply in the future, information will not be released from previous application packet.

**NOTE:** It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted to the OTA department, it will be rejected.

You will be notified by the Program Director if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or call the Program Director to obtain your status.

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at [www.wallacestate.edu](http://www.wallacestate.edu).



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Please contact Program staff (256-352-8347) for any questions.

**ALL OFFICIAL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO APPLICATION**

(WSCC students may attach a *student copy* of their Wallace transcript)

Prior to APPLICATION to the program, the following must be complete:

- Yes  No WSCC college application submitted to Admissions.
- Yes  No Student re-entry form submitted to Admissions. (For students who have not attended WSCC within the last 2 semesters)
- Yes  No Official transcripts from all colleges previously attended submitted to WSCC Admissions
- Yes  No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes  No \_\_\_\_\_ (Your Initials) Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes  No \_\_\_\_\_ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)

Date of Application \_\_\_\_\_ Plan to Enter Program  Fall Semester  
 Summer Semester (Year) \_\_\_\_\_

WSCC Student No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Full Name \_\_\_\_\_  
 Last Name First Name Middle Initial Maiden

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Email  Preferred \_\_\_\_\_

WSCC Email  Preferred \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

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

Transcript Attached	College Name	City/State	Diploma or Degree	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<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: \_\_\_\_\_

**STUDENTS PLEASE COMPLETE THE BELOW INFORMATION**

Grade	Class	Hours	Official Use	Comments
	ORI 101 Orientation to College	1		
	ENG 101 English Composition I	3		
	ENG 102 English Composition II or	3		
	SPH 106 Fundamentals of Oral Comm.	3		
	MTH 116 Mathematical Applications	3		
	BIO 103 Principles of Biology I	4		
	CHM 104 Introduction to Inorganic Chem.	4		
	Elective Humanities/Fine Arts Elective	3		
	Elective Social or Behavioral Science	3		

All OFFICIAL college transcripts attached to application  Yes  No (WSCC students may attach a *student copy* of their Wallace transcript)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail or hand deliver completed application to:**  
 Clinical Laboratory Technician  
 Attn: Julie Welch (#95)  
 Wallace State Community College  
 P. O. Box 2000, Hanceville, AL 35077-2000  
 Revised: 09/10

**For official use only:**  
 Date Application Received \_\_\_\_\_ Application Complete:  Yes  No  
 Application Reviewer's Initials: \_\_\_\_\_ Additional documentation required: \_\_\_\_\_

