



# WALLACE STATE COMMUNITY COLLEGE

## Human Services Department

### Program Application Checklist

**Prior to APPLICATION to the program, the following must be completed:**

Submit to the Admissions Office

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

Submit a complete\* program application packet to the Human Services Program Director that includes:

- \_\_\_\_\_ Human Services program application
- \_\_\_\_\_ Copies of high school or college transcripts
- \_\_\_\_\_ Documentation of 12 hours of observation in a Human Services Agency
- \_\_\_\_\_ Upon acceptance into any Health Program at WSCC-Hanceville, students will be required to submit to drug testing. Drug Policy and Guidelines for Drug Testing of Health Profession Students are available for viewing online at [www.wallacestate.edu](http://www.wallacestate.edu). If you need a copy mailed to you please call 256-352-8334. **The signed acknowledgment form below must be returned with your program application.**

\*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 Human Services Department, it will be rejected.

You will be notified by mail 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 the Human Services Department to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

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**ACKNOWLEDGMENT OF RECEIPT OF DRUG AND ALCOHOL TESTING POLICY**

I certify that I have received a copy of Wallace State Community College=s Drug Testing Policy and Guidelines. I have read and understand the requirements of the policy and guidelines.

\_\_\_\_\_ Date

\_\_\_\_\_ Student=s Signature

\_\_\_\_\_ Student=s Name Printed

\_\_\_\_\_ Parent=s/Legal Guardian=s Signature  
(If student is a minor)

\_\_\_\_\_ Student Number



# HUMAN SERVICES PROGRAM APPLICATION

Students will be accepted until June 15, October 1, and April 1. Applications received after these dates will be considered on a space available basis.

Please check below the completion program for which you are applying:

- Alcohol and Drug Counseling
- Mental Health Technician
- Social Work

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Social Security No. \_\_\_\_\_

Present Address: \_\_\_\_\_  
(city) (state) (zip)

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(city) (state) (zip)

Cell Phone: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: S M E-Mail Address: \_\_\_\_\_

Notify in an Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Previous Education: (High School and/or College)

<u>School</u>	<u>City/State</u>	<u>Diploma or Degree</u>	<u>Date</u>

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The following **must** be attached or the application will not be considered for admission:

1. Documentation of 12 hours of observation in a Human Services Agency
2. Signed copy of Acknowledgment of Receipt of Drug & Alcohol Testing Policy form.
3. Copies of high school or college transcripts

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

**Mail completed application to:**

Human Services Department Program Director  
Wallace State Community College  
P. O. Box 2000  
Hanceville, AL 35077-2000

**For official use only:**

Date Received: \_\_\_\_\_

Official Initials: \_\_\_\_\_

Application Complete? \_\_\_\_Yes \_\_\_\_No

Additional documentation required: \_\_\_\_\_



**CLINICAL EXPERIENCE DOCUMENTATION FORM**  
**HUMAN SERVICES PROGRAM**  
 WALLACE STATE COMMUNITY COLLEGE-HANCEVILLE

Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_

The Human Services program requires that applicants complete a total of 12 quality hours in a Human Services agency. Quality experience means actual time spent observing patient care, not time spent observing department "down time". Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.)

Hours of observation may be performed under the guidance of a licensed social worker, licensed counselor, licensed psychologist, certified case manager, certified addiction counselor, or A.A.S. Human Services Graduate who is currently employed by a Human Services Agency

DAY	STARTING TIME HR MIN AM/PM	ENDING TIME HR MIN AM/PM	# of Hours	Name of Facility	Location (City, State)	Telephone Number	Printed Name of Supervisor and Title
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
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/	:	:					
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\_\_\_\_\_ TOTAL DAYS      TOTAL HOURS \_\_\_\_\_ (This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were performed by me. I understand that the WSCC Admissions Committee will verify this document for authenticity and realize that falsification of this document will result in my application to the Human Services Program being withdrawn from consideration.

\_\_\_\_\_

Student Signature

Date