



# 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
- Student re-entry form (for students who have not attended WSCC within the last 2 semesters)
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate
- Any other documents required by Admissions

#### **Submit a complete\* program application packet to the HUS PROGRAM DIRECTOR that includes:**

- Human Services program application to include completion of the 12 hours of observation
- Unofficial transcripts (if applicable) from all colleges previously attended (including WSCC)
- Copy of high school graduation (transcripts) or GED certificate (if no college)
- Documentation of 12 hours of observation in a Human Services Agency
- Verification of clear background screening ([www.wallacestate.edu](http://www.wallacestate.edu) – click on programs, then click on health division, select Background Check to order your background screening, follow instructions carefully. **NOTE:** A **complete** copy of your background screening **RESULTS** must be attached to your application.

#### **Readmission to Human Services Program**

Students who do not enroll in Human Services coursework for 12 months (or more) or who are dismissed from the program **must** apply for program readmission. **Students will not be allowed to register for HUS courses until all readmission requirements are met to include:**

- Application for readmission submitted to HUS program director.
- Attend student orientation session.
- Successfully complete background screening & **attach results**
- Successfully complete drug screening (contact program director for approved drug testing vendor).

\*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.



# Human Services Program Application

Applications date June 1-Fall Semester, Oct. 15-Spring Semester, Apr. 15 for Summer Semester  
Applications received after dates above will be considered on a space available basis.

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

Alcohol & Drug Counseling  Mental Health Technician  Social Work  Gerontology  
Applying for **readmission** to the program, please indicate  Yes  No

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

- Yes  No Documentation of 12 hours of observation in a Human Services Agency
- Yes  No Complete copy of results of background screening
- Yes  No Verification of drug screening (if readmission)
- 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: \_\_\_\_\_ Semester/Year \_\_\_\_\_

WSCC Student No.: \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

High School Graduation/GED Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

**Previous Education (Please Attach OFFICIAL Transcript for each College) If needed, please add additional education on reverse side**

Transcript Attached	College Name	City/State	Diploma or Degree	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**STUDENTS PLEASE COMPLETE THE INFORMATION BELOW of general education courses taken:**

Grade	Class	Credit Hours	Official Use	Official Use
	ORI 101 Orientation to College	1		
	ENG 101 English Composition I & II	3		
	Elective Hum or Art (Code A or Code B)	3		
	BIO 103 Principles of Biology I	4		
	MTH 116 Mathematical Applications	3		
	CIS 146 Microcomputer Applications	3		
	PSY 200 General Psychology	3		
	PSY 210 Human Growth & Development	3		

All unofficial college transcripts attached (if applicable) including WSCC:  Yes  No

Copy of high school transcript or GED attached (if no college)  Yes  No

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

**Mail completed application to:**

Human Services Program  
Attn: Susan Beck (#95)  
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: \_\_\_\_\_



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

Name of Applicant \_\_\_\_\_

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

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
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					

\_\_\_\_\_ 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