





## CLINICAL LABORATORY TECHNICIAN PROGRAM APPLICATION

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

Name: \_\_\_\_\_  
(last) (first) (middle/maiden)

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

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

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

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

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

ACT Score: \_\_\_\_\_

I plan to apply for entry into the CLT Program: Fall Semester \_\_\_\_\_ (year) Summer Semester \_\_\_\_\_ (year)

Please call the CLT Program Director (256-352-8347 or toll free 1-866-350-9722 ext 8347) if you have any questions.

**Copies of high school or college transcripts and signed copy of Acknowledgment of Receipt of Drug & Alcohol Testing Policy form must be attached.**

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

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

**Mail completed application to:**

Clinical Laboratory Tech Program  
Wallace State Community College  
P. O. Box 2000  
Hanceville, AL 35077-2000

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

**For official use only:**

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

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

Application Complete \_\_\_\_ Yes \_\_\_\_ No

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