



WALLACE STATE COMMUNITY COLLEGE Electroneurodiagnostic/Polysomnographic Technology Program Application Checklist

Prior to program enrollment 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
- _____ ACT score

Submit to the END Program Director:

- _____ Electroneurodiagnostic/Polysomnographic Technology program application
- _____ Copies of high school or college transcripts

All information must be included for your application 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.

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 END department to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

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.



ELECTRONEURODIAGNOSTIC & POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM APPLICATION

Students will be accepted until June 15. Applications received after June 15 will be considered on a space available basis.

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

- Electroneurodiagnostic
- Polysomnographic Technology

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: _____

Copies of high school or college transcripts 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:

Electroneurodiagnostic Program
Attn: END Program Director
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:

