



WALLACE STATE COMMUNITY COLLEGE

Gerontology Certificate 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
- Professional Resume
- Typed letter essay (maximum of 500 words) stating why you should be accepted into the certificate program, your experience or interest with the aging population, and how you anticipate the certificate will assist you professionally.

*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.

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.



GERONTOLOGY CERTIFICATE APPLICATION

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

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. Copies of high school or college transcripts
2. Professional Resume
3. Typed letter essay (maximum of 500 words) stating why you should be accepted into the certificate program, your experience or interest with the aging population, and how you anticipate the certificate will assist you professionally.

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: _____

