



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
- Student re-entry form (for WSCC 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 documentation required by Admissions

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

- Human Services program application
- Copies of high school or all unofficial college transcripts (including WSCC)
- 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

Applications will be accepted June 1 and Oct. 15

Applications received after June 1st or Oct. 15 will be considered on a space available basis.
Please contact Program staff (256-352-8339) for any questions.

COPIES OF ALL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO APPLICATION.

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

- Yes No Professional Resume
- Yes No Typed letter essay (maximum of 500 words)
- Yes No Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes No 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 course(s) taken:

Grade	Class	Credit Hours	Official Use	Official Comments:

Professional Resume Yes No

Typed letter essay (maximum of 500 words) Yes No

Copies of all college transcripts attached (if applicable) including g WSCC: Yes No

Copy of high school transcripts 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: _____