



Medical Transcription Certificate Program Application

Applications deadline is June 1st.

Applications received after June 1st will be considered on a space available basis.

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

- Yes No WSCC college application submitted to Admissions (If first time to attend WSCC)
- Yes No Student re-entry form submitted to Admissions. (For WSCC students who have not attended WSCC within the last 2 semesters)
- Yes No Declared MTR major in Admissions Office
- Yes No Official transcripts (if applicable) from all colleges previously attended submitted to WSCC Admissions and MTR Program Advisor
- Yes No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes No Official COMPASS scores submitted to WSCC Admissions
- 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: _____ Year _____

WSCC Student No.: _____ (If you do not know number, contact Admissions)

Full Name: _____
Last Name First Name Middle Initial Maiden

Mailing Address _____ Home Phone _____

City _____ Cell Phone _____

State _____ Zip _____ Work Phone _____

Email Address: _____

Do you plan to take online classes? Yes No Combination

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

1. _____ 2. _____ 3. _____

Have you ever attended college? Yes No If yes please fill in information below:

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

Indicate course grade or planned semester of completion:

Grade	Class	Credit Hours	Official Use	Semester of completion:
	ORI 101 Orientation to College	1		
	MTR 275 Intro. to Computers in Transcription	2		

Typing test taken? Yes No _____ (wpm) Score if typing test taken, if not contact Mrs. Horton at sharon.horton@wallacestate.edu

Compass Test Scores: _____ Reading _____ Writing _____

Send OFFICIAL college transcripts (if applicable) before June 1st. (WSCC students may attach a student copy of their Wallace transcript)

Send Official high school transcripts (if no college) before June 1st

Student Signature Date

Mail completed application to:
Health Information Technology Program
Attn: Donna Stanley (#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: _____