

# Bachelor of Applied Technology in Medical and Health Services Management Program Application

This application is provisional pending approval from the Southern Association of Colleges and Schools Commission on Colleges.

Answer ALL questions. Please type or print. Mail, email, or fax the application to the address found at the bottom of page 2.

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Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number & Street City State Zip

Permanent Address (if different from above) \_\_\_\_\_

Texas County of Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Country of Birth \_\_\_\_\_

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

Weatherford College Student ID#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

If Applicable

In case of emergency notify: \_\_\_\_\_  
Name Relationship

Address: \_\_\_\_\_  
Number and Street City State Zip

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

Do you hold an Associate of Applied Science degree in Occupational Therapy Assistant, Physical Therapist Assistant, Radiology Technologist, Respiratory Care, Diagnostic Medical Sonography, or Human Service Provider? Please circle Yes No

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## PROFESSIONAL LICENSES OR CERTIFICATION

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Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____

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**REFERENCES**

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 Provide the contact information for one reference. The reference must be either a current employer or a former Nursing Instructor (in prelicensure RN program). An electronic form will be sent to the reference and must be completed online.

\_\_\_\_\_  
 Name                                      Employer or Faculty      Email Address              Phone number

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**EDUCATION - List ALL Colleges and Universities Attended**

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	NAME OF SCHOOL	DEGREE EARNED	YEAR COMPLETED
HIGH SCHOOL OR GED			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
TECHNICAL OR OTHER			

\*\* The Weatherford College Registrar's Office must receive official transcript(s) before this application can be processed.

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**WORK EXPERIENCE**

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List current or most recent job:  
 Name of Company \_\_\_\_\_  
 Complete Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Nature of Job Duties \_\_\_\_\_

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**PLEASE READ AND SIGN THE FOLLOWING**

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The Bachelor of Applied Technology in Medical and Health Services Management Program is pending approval by the Southern Association of Colleges and Schools Commission on Colleges. A decision on the program is expected in June 2022. Weatherford College has been approved by the Texas Higher Education Coordinating Board to create the Bachelor of Applied Technology in Medical and Health Services Management

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Weatherford College is an equal opportunity employer and does not discriminate on the basis of age, sex, race, color, religion, national origin, disability, veteran status, genetic information, sexual orientation or gender identity in the administration of its employment practices, educational or admission policies, scholarship or loan programs, athletic or other school-administered program.

Please include all required paperwork with your application. Incomplete applications will not be accepted.

Weatherford College  
Medical and Health Services Management Program  
225 College Park Drive  
Weatherford, TX 76086  
(817) 598-8951  
Fax: (817) 598-6455  
Email: [sduarte@wc.edu](mailto:sduarte@wc.edu)

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