



CT Program

HEALTH & HUMAN SCIENCES APPLICATION

Answer **ALL** questions. Please type or print. Email to twhite@wc.edu. Please include college transcripts and Hepatitis B shot record with your application.

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SPECIALTY FOR WHICH APPLICATION IS MADE:

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- Associate Degree Nursing -Fall Class -Spring Class – Main Campus Weatherford
 - Associate Degree Nursing -Fall Class – Wise County Campus
 - Diagnostic Medical Sonography** – Main Campus Weatherford
 - Echocardiography Certificate** – Main Campus Weatherford
 - Vascular Certificate** – Main Campus Weatherford
 - Human Service Provider** A.A.S. – Main Campus Weatherford - Wise County Campus Bridgeport
 - LVN-RN Transition**– - Main Campus Weatherford (summer class)
 - LVN-RN Transition**– - Wise County Campus Bridgeport (spring class)
 - Occupational Therapy Assistant** – Mineral Wells Education Center
 - Phlebotomy Technology** -Fall Class -Spring Class -Summer Class– Main Campus Weatherford
 - Physical Therapist Assistant** – Mineral Wells Education Center
 - Radiology Technology**– Main Campus Weatherford
 - CT Certificate – Main Campus Weatherford**
 - Mammography Certificate** – Main Campus Weatherford
 - Respiratory Care**– Main Campus Weatherford
 - Substance Abuse Counseling** Certificate– Main Campus Weatherford - Wise County Campus Bridgeport
 - Vocational Nursing** -Fall Class - Main Campus Weatherford
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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 _____

Social Security # _____ 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	Phone (____) _____
	State	Zip	

Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor? ___ yes ___ no

Note: If you pled “nolo contendere, or no contest,” you must answer “yes.”

If you answered “yes” to the above question, you must report charges and disposition to certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

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PROFESSIONAL LICENSES OR CERTIFICATION

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Type	Issued By	Number	Date

EDUCATION – List ALL Colleges and Universities Attended

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES: FROM/TO	DIPLOMA/ DEGREE OR CERTIFICATE	MAJOR/MINOR
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.**

WORK EXPERIENCE

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 _____
 Starting Salary _____ Final Salary _____ Reason for Leaving _____

FOLLOW UP INFORMATION

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

- | | Name | Complete Mailing Address | Telephone No. |
|----|---------------------|--------------------------|---------------|
| 1. | _____ | _____ | _____ |
| | Email Address _____ | | |
| 2. | _____ | _____ | _____ |
| | Email Address _____ | | |

PLEASE READ AND SIGN THE FOLLOWING

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 institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability."

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

Weatherford College (main campus)
 Health & Human Sciences Division
 225 College Park Drive
 Weatherford, TX 76086
 (817) 594-5471 or (800) 287-5471
 Fax: (817) 598-6455