

ALLIED HEALTH APPLICATION

Answer **ALL** questions. Please type or print. Mail to appropriate campus listed on bottom of second page with **all** required paperwork.

SPECIALTY FOR WHICH APPLICATION IS MADE:

- Associate Degree Nursing -Fall Class -Spring Class – Main Campus Weatherford
 -Associate Degree Nursing -Fall Class – Wise County Campus Bridgeport
 -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
 -LVN-RN Transition– - Main Campus Weatherford - Wise County Campus Bridgeport
 -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
 -Respiratory Care– Main Campus Weatherford
 -Substance Abuse Counseling Certificate– Main Campus Weatherford
 -Vocational Nursing -Fall Class – Main Campus Weatherford

Name: Mr. Miss Mrs.

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: (____) _____

Business Phone: (____) _____ E-mail address: _____

In case of emergency notify: _____

Name Relationship

Address: _____ Phone (____) _____

Number and Street City 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.

PROFESSIONAL LICENSES OR CERTIFICATION

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 Registrar of Weatherford College must receive official transcript(s) before this application can be processed.**

WORK EXPERIENCE

List current or most recent job:

1. 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 affirmative action/equal opportunity employer. Applicants are considered on the basis of qualifications without regard to gender, age, race, color, creed, religion, national or ethnic origin, veteran status, or the presence of a non-job-related disability or any other legally protected status.

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

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

Weatherford College Mineral Wells Education Center
Allied Health Division
704 Hood Road
Mineral Wells, TX 76067
(940) 325-2591 or (800) 300-2591
Fax: (940) 328-1800