



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
-]-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
-]-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]-Spring 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
_____	_____	_____	_____
_____	_____	_____	_____

