

# Mammography – Certificate ALLIED HEALTH APPLICATION

Answer **ALL** questions. Please type or print. Email [bmorrison@wc.edu](mailto:bmorrison@wc.edu) or mail to Barbara Morrison 225 College Park Ave, Weatherford, TX 76086 or Fax: (817) 598-6455

## 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  - Wise County Campus Bridgeport (indicate 1<sup>st</sup> choice)  
 -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  
 -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
_____	_____	_____	_____
_____	_____	_____	_____

