



SOUTHERN WEST VIRGINIA COMMUNITY  
AND TECHNICAL COLLEGE

[www.southernwv.edu](http://www.southernwv.edu)

APPLICATION FOR ADMISSION

ALLIED HEALTH and NURSING  
ASSOCIATE IN APPLIED SCIENCE PROGRAMS

2007-2008

APPLICATION DEADLINE:

JANUARY 31, 2008

4:30 P.M.

**Please read application thoroughly and return pages 1-3 only.**



**Southern West Virginia Community and Technical College**  
**Division of Career and Technical Programs**  
**Checklist for Allied Health and Nursing Application - 2007-2008**

**Please return pages 1-3 only.**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

This tool has been provided as a quick checklist in the application process. Please mark each item with a check mark or N/A (non-applicable). **This checklist MUST be returned with your completed application.**

1. \_\_\_\_ Applied for admission to Southern West Virginia Community and Technical College by the Allied Health and Nursing application deadline of January 31, 2008, 4:30 p.m.
2. \_\_\_\_ Read and understood the statement of understanding, the application and the score sheet.
3. \_\_\_\_ Attached an **official** copy of transcript(s) from **ALL** colleges and universities attended, other than Southern, to the Allied Health and Nursing application in a sealed envelope.
4. \_\_\_\_ Attached a copy of ACT score, if applicable, to the application.
5. \_\_\_\_ Attached a copy of **current** certifications, licenses and/or degrees, if applicable, to the application.
6. \_\_\_\_ Attached a **detailed** explanation, if applicable, of any action taken against certification/licensure at any time.
7. \_\_\_\_ Attached a **detailed** explanation and a **copy** of all related court copies, if ever convicted of a felony, misdemeanor, pled nolo contendere, or have pending action to any crime, had records expunged or been pardoned, or any other court related cases (include speeding and parking tickets if three or more have been received in the last two years).
8. \_\_\_\_ Attached a letter of explanation and a copy of the treatment/record or discharge summary printed on the facility's letterhead, if applicable, pertaining to any treatment for drug abuse.
9. \_\_\_\_ Attached a \$55 check or money order (made payable to SWVCTC - exam fee is non-refundable) to register for the Pre-Allied Health/Pre-RN Entrance Exam to be given on **February 15, 2008. DO NOT SEND CASH.** Please make note on a calendar of date and time of Pre-Entrance Exam.
10. \_\_\_\_ Marked on the application the order of preference the programs for which I am applying.
11. \_\_\_\_ I am aware participating in an Allied Health or Nursing course may expose me to infectious diseases from blood and body fluids. I have read and understand the policy "Blood and Body Fluid Exposure" that is available on Southern's web page by following the links to the appropriate Allied Health or Nursing program, or calling the Allied Health or Nursing Departments at 304-792-7098, ext. 249, to obtain a copy.
12. \_\_\_\_ Completed and attached the Selection Score Sheet.

**ALLIED HEALTH and NURSING ASSOCIATE IN APPLIED SCIENCE PROGRAMS**

**2007 - 2008**

**Application Deadline: January 31, 2008 4:30 p.m.**

**Return pages 1-3 only.**

<b>Name</b>	_____			
	Last	First	Middle	Maiden
<b>Address</b>	_____			
	Street or Box	City	State	Zip Code
<b>Phone</b>	_____		_____	
	Home	Work	Mobile	
<b>SS #</b>	_____ <b>E-mail</b> _____			

Do you currently or have you ever held Licenses or Certifications in an Allied Health field? Yes  No   
A copy of a **CURRENT** License/Certification **MUST** be attached to this application.

Have you had any action taken against your License or Certification or has it been suspended or revoked? Yes  No . If "Yes" a detailed explanation (computer generated or typed, written by you explaining the event, action taken, and current status) **MUST** be attached to this application.

Have you **EVER** been convicted of a felony or misdemeanor or pled nolo contendere to any crime, had records expunged or been pardoned? Do you have any pending court cases? (List parking and speeding tickets only if you have received three [3] or more in the last two [2] years.) Yes  No . If "Yes" a detailed explanation (computer generated or typed, written by you explaining the event, action taken, current status, and lessons learned) **MUST** be attached to this application.

Have you **EVER or are you** currently abusing prescription or over-the-counter medication? Yes  No

Have you **EVER or are you** currently using illegal drugs? Yes  No

Have you **EVER** been treated or are you currently receiving treatment for prescription, over-the-counter or illegal drug abuse? Yes  No

If the answer to any of these questions is "Yes" you **must** attach a letter of explanation and a copy of the treatment/record or discharge summary, printed on the facility's letterhead, to this application.

The Pre-Allied Health/Pre-RN Entrance Exam will be given **Friday, February 15, 2008**, on the Logan Campus, Mount Gay, WV. Please indicate preferred testing time: 8:00 a.m.  1:00 p.m.

Please **number** in order of preference all programs for which you are applying. Applicants are encouraged to apply for all programs.

Dental Hygiene \_\_\_\_\_ Medical Laboratory Technology \_\_\_\_\_

Nursing (Logan Campus) \_\_\_\_\_ Radiologic Technology \_\_\_\_\_

**I verify and hereby affirm I have read and understood this application, score sheet, and Statement of Understanding.**

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

\_\_\_\_\_  
Date

**DEPARTMENTS OF ALLIED HEALTH AND NURSING SCORE SHEET**

**Please complete this worksheet and return it with your application. In order to assist you in completing this form please refer to the instructions which may be found on the following pages.**

Name \_\_\_\_\_ SSN \_\_\_\_\_

All applicants MUST be eligible to enter college level English and Math by the application deadline.

Section I: NLN Pre-Allied Health/Pre-RN Composite Score (To be filled in by Selections Committee) Total \_\_\_\_\_

Section II: Enhanced ACT Score. Please write in your Composite Score: Score \_\_\_\_\_ Total \_\_\_\_\_  
( See score sheet instructions for possible points)

Section III: College courses completed prior to the application deadline. **Maximum points 10** Total \_\_\_\_\_

Course		
English Composition I	A = 2	B = 1
English Composition II	A = 2	B = 1
Human Anatomy and Physiology I	A = 3	B = 2
Human Anatomy and Physiology II	A = 3	B = 2

Section IV: Certification, License, College Certificate, Active Military Duty, Reserves, National Guard, U.S. Military Discharge, College Associate Degree, Bachelor’s or Master’s Degree. (See chart below for points available) **Maximum Points 35** Total \_\_\_\_\_

Type	Institution	Completion Date	Copy Certification, License, Transcript, Degree Attached?
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Points are given as follows:

Certification/License/Degree	Points
CNA, EMT-B, Dental Assistant, Phlebotomy, Electrocardiography, Technical Assistant	<b>5</b>
Allied Health College Certificate, Associate Degree, EMT-I	<b>10</b>
Active Military duty, Reserves, National Guard, Honorable discharge from US Military, EMT-P	<b>15</b>
LPN License	<b>20</b>
Allied Health Associate Degree	<b>25</b>
Bachelor’s Degree	<b>30</b>
Master’s Degree	<b>35</b>

Grand Total \_\_\_\_\_

**APPLICATION AND ALL SUPPORTING DOCUMENTS MUST BE RECEIVED**

**ON OR BEFORE JANUARY 31, 2008 - 4:30 P.M.**

Please note the date, place and time of the Pre-Allied Health/Pre-RN Entrance Exam on your calendar. A \$55.00 **non-refundable** check or money order payable to SWVCTC **MUST** be attached to this application. DO NOT SEND CASH. The *Review Guide for RN Pre-Entrance Exam* by Mary McDonald and National League for Nursing, ISBN 0763724866, 2<sup>nd</sup> edition, is recommended as a study guide for the entrance exam. The Review Guide may be purchased in Southern's bookstores or on the World Wide Web.

Those selected will be admitted in the Fall 2008 semester to the Logan Campus for the Dental Hygiene, Medical Laboratory Technology, Nursing and Radiologic Technology programs.

Failure to fully complete this application, provide truthful information, send required documentation, or failure to report **ANY** felony or misdemeanor conviction, plea of nolo contendere or pending court cases by the Allied Health and Nursing application deadline of January 31, 2008, 4:30 p.m., will result in immediate disqualification and/or dismissal from the Allied Health or Nursing program and any subsequent application may not be considered.

Information provided to the Departments of Allied Health and Nursing is confidential and is used only for selections purposes.

Please make a copy and keep for your records all information provided to the Departments of Allied Health and Nursing.

**Regardless of scores, an incomplete application will automatically be disqualified.**

Mail or Hand Deliver Completed Application to:

Tammy Mays  
Administrative Secretary, Sr.  
Department of Nursing, Room 215  
Southern West Virginia Community and Technical College  
P.O. Box 2900  
Mount Gay, WV 25637

Phone: 304.792.7098 ext. 249  
Fax: 304.792.7053  
TTY #: 304.792.7054  
E-mail: [Tammym@southern.wvnet.edu](mailto:Tammym@southern.wvnet.edu)  
Web Site: [www.southernwv.edu](http://www.southernwv.edu)

**DEPARTMENTS OF ALLIED HEALTH AND NURSING SCORE SHEET INSTRUCTIONS  
2007-2008**

The Departments of Allied Health and Nursing Score Sheet on Page 3 must be completely filled out by the applicant and returned with the application by the application deadline of January 31, 2008, 4:30 p.m. It is advised that the applicant makes a copy of the score sheet and keeps for future reference.

Applicants **MUST** be eligible to enter college level English and Math by the application deadline, January 31, 2008, 4:30 p.m. Per college policy students may not enroll in a mathematics or English course which is designed to be applied toward a certificate or associate degree unless the minimum score prescribed is earned on at least one of the following tests:

**English**

1. Enhanced ACT - a score of 18 or above on the English section.
1. ACCUPLACER - a score of 88 or above on the Sentence Skills test.

**Reading**

1. Enhanced ACT - a score of 17 or above on the Reading section.
2. ACCUPLACER - a score of 79 or above on the Reading Comprehension test.

**Mathematics**

1. Enhanced ACT - a score of 19 or above on the Mathematics section.
2. ACCUPLACER - a score of 85 or above on the Arithmetic test and a score of 84 or above on the Elementary Algebra test.

Applicants not achieving the appropriate test scores **MUST** complete EN 099, or the equivalent, and/or MT 099, or the equivalent, by the application deadline of January 31, 2008, 4:30 p.m.

**Section I:** All applicants are required to take the National League for Nursing (NLN) Pre-Allied Health/Pre-RN Entrance Exam. Composite scores are used for selection. Applicants to the Dental Hygiene, Medical Laboratory Technology, Nursing and Radiologic Technology programs are **REQUIRED** to have a composite score of 100 or better. If applicant **DOES NOT** meet the minimum composite score, their application will not be considered for selection.

The Pre-Allied Health/Pre-RN Entrance Exam will be given on February 15, 2008, at 8:00 a.m. or 1:00 p.m. Cost (\$55) is the responsibility of the applicant and a **check or money order** (please DO NOT send cash) payable to SWVCTC must be attached to the application. **\$55 fee is non-refundable**. Applicants who have already achieved a successful score on the Pre-Allied Health/Pre-RN Entrance Exam do not need to repeat it unless desired. The exam may be taken once a year unless prior approval is obtained from the Department Chair of Allied Health or Nursing. The *Review Guide for RN Pre-Entrance Exam* by Mary McDonald and National League for Nursing, ISBN 0763724866, 2<sup>nd</sup> edition, is recommended as a study guide for the entrance exam. The Review Guide may be purchased in any of Southern's bookstores or on the World Wide Web.

**Section II:** Points are given if the applicant has an Enhanced ACT composite score of 21 or better. Applicants are not required to have an Enhanced ACT score, but will receive points if the score is 21 or better.

Points given for Enhanced ACT composite score are as follows:

Enhanced ACT Score	Points
21	15
22	20
23	25
24	30
25 or higher	35

**Section III:** Points are given if the applicant has completed English Composition I, English Composition II, Human Anatomy and Physiology I and Human Anatomy and Physiology II with a grade of “B” or better. Applicants are not required to have completed these courses, but will receive up to 10 points if they have completed the courses with a grade of “B” or better. All applicants **MUST** have an overall GPA of 2.0 in all previous college courses.

**Section IV:** Points are given if the applicant has an Allied Health certification, license, or is on active duty, in the Reserves, National Guard or honorably discharged from the U.S. Military (a copy of the military license or D.D. 214 must be attached). Applicants will also receive points if they have a certificate, associate, or baccalaureate degree from a regionally accredited college or university. Documentation **MUST** be attached to the application in order to receive points. Certifications and licenses **MUST** be current. Applicants will be given points for only one category. Applicants may receive a maximum of 35 points.

Applicants will not receive points if college/university attended is not regionally accredited or if a copy of all current documentation is not attached to the application.

The Grand Total of points will be used for selection to the Allied Health or Nursing Associate Degree Programs. The selection score sheet is reviewed by the Allied Health and Nursing Selections Committee.

All score sheets may be revised by the Selections Committee if information is not correct or cannot be verified.

If you have questions about the scoring, it is your responsibility to make an appointment with the Department Chair of Allied Health or Nursing to discuss your scores **prior to** the application deadline of January 31, 2008, 4:30 p.m.

Application for admission to an Allied Health or Nursing Associate in Applied Science program **AND** all supporting documentation must be submitted by the application deadline, January 31, 2008, 4:30 p.m.

Please note, this score sheet is not subject to review after the application deadline.

**Regardless of scores, an incomplete application will automatically be disqualified.**

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE  
ASSOCIATE IN APPLIED SCIENCE  
ALLIED HEALTH AND NURSING PROGRAMS**

**STATEMENT OF UNDERSTANDING**

**(Do not return this Statement of Understanding –Keep for your information)**

1. I understand that if I have never had classes at Southern before, I must submit an application to the college for admission by January 31, 2008, 4:30 p.m. The college application may be completed and submitted online at [www.southernwv.edu](http://www.southernwv.edu)
2. I understand I must meet the admission requirements listed in the current college catalog to be admitted to **ANY** Allied Health or Nursing Program. However, meeting requirements **DOES NOT** guarantee admission.
3. I understand I must be a U. S. Citizen as under new Immigration and Naturalization Services rules, Southern is not an institution certified to receive international students.
4. I understand that if I have had classes at colleges or universities, other than Southern, I must attach an **official** transcript in a sealed envelope to this application. ACT scores, if applicable, **MUST** also be attached to this application. I also understand that it is my responsibility to see my advisor to ensure that records are accurate and available. I understand I must have an overall **GPA of 2.0 or better** in all previous college courses.
5. Students in Allied Health or Nursing programs at other colleges and universities may transfer. Transfer Allied Health or Nursing students must meet all Allied Health or Nursing admission requirements, including Pre-Allied Health/Pre-RN Entrance Exam. Transfer is based upon courses the applicant has taken, present GPA, and size of class already admitted. Transfer students are admitted upon an individual basis. Final determination is the responsibility of the Department Chairs and Faculty of Allied Health and Nursing.
6. I understand the Pre-Allied Health/Pre-RN Entrance Exam will be given on February 15, 2008, at 8:00 a.m. or 1:00 p.m. Cost (\$55) is the responsibility of the applicant and a **check or money order** in the amount of \$55 (DO NOT SEND CASH) must be attached to the application. **\$55 fee is non-refundable**. Applicants who have already achieved a successful score on the Pre-Allied Health/Pre-RN Entrance Exam do not need to repeat it unless desired. The exam may only be taken once a year unless prior approval is obtained from the Department Chair of Allied Health or Nursing. Applicants to the Dental Hygiene, Medical Laboratory Technology, Nursing and Radiologic Technology programs are **required** to have a composite score of 100 or better. If applicant **DOES NOT** meet the minimum composite score, their application will not be considered for selection. The *Review Guide for RN Pre-Entrance Exam* by Mary McDonald and National League for Nursing, ISBN 0763724866, 2<sup>nd</sup> edition, is recommended as a study guide for the entrance exam. The Review Guide may be purchased at any of Southern's bookstores or the World Wide Web.
7. I understand that in order to be considered for an Allied Health or Nursing program, I **MUST** be eligible to enter college level **English** and **Math** courses by the application deadline of January 31, 2008, 4:30 p.m.
8. I understand that travel is required throughout all Allied Health and Nursing programs and all arrangements and expenses are my responsibility. Travel may include parts of West Virginia and/or neighboring states.
9. Core Performance Standards will be used to assist each student in determining whether accommodations or modifications are necessary. The standards provide an objective measure upon which a student and the advisor base informed decisions regarding whether the student is "qualified" to meet requirements. Admission to an Allied Health or Nursing program is not based on these standards.

If an applicant believes that he or she cannot meet one or more of the standards without accommodations or modifications, the institution will determine whether or not the necessary accommodations or modifications can be made reasonable, on an individual basis. Reasonable accommodation is defined by the ADA Act to include the following:

- (A) making existing facilities...readily accessible to and usable by individuals with disabilities; and
- (B) job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies,

the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

<b>Issue</b>	<b>Standard</b>	<b>Some Examples of Necessary Activities (not all inclusive)</b>
Critical Thinking	Critical thinking ability sufficient for clinical judgement	Identify cause-effect relationships in clinical situations, develop nursing care plans
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues
Communication	Communication abilities sufficient for interaction with others in verbal and written form	Explain treatment procedures, initiate health teaching, document and interpret actions and patient/client responses
Mobility	Physical abilities sufficient to move from room to room and maneuver in small places	Move around in patient's room, work space and treatment area, administer cardiopulmonary procedures
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care	Calibrate and use equipment; position patients/clients
Hearing	Auditory ability sufficient to monitor and assess health needs	Observe patient/client responses
Visual	Visual ability sufficient for observation and assessment.	Observe patient/client responses
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter

Specific core performance indicators are required for each program and may differ from those listed above. For a list of programmatic core performance indicators, please contact the program coordinators at 304-792-7098: Dental Hygiene - Lisa Haddox-Heston, ext. 259; Medical Laboratory Technology - Vernon Elkins, ext. 243; Nursing - Barbara Donahue, ext. 278; Radiologic Technology - Eva Hallis, ext. 267.

10. I understand it is my responsibility once I am admitted to an Allied Health or Nursing program to see that a completed, accurate physical exam form, (to be supplied by the Departments of Allied Health and Nursing), appropriate laboratory studies and a copy of a current American Heart Association Healthcare Provider CPR card are provided .
11. I understand once I am admitted to an Allied Health or Nursing program I must sign an Authorization to Release Information Statement to the Departments of Allied Health and Nursing. This authorization includes, but is not limited to, release of any medical records or records relating to my physical, mental or emotional condition and any treatment rendered to me; any medical or hospital bills relating to my treatment; school transcripts or other records relating to my attendance at any school; employment information, including personnel and wage information; military or government service records; and any records of the West Virginia Worker's Compensation Fund, Social Security Administration, Veteran's Administration, West Virginia Department of Human Services, Department of Labor, and/or any felony or misdemeanor charges against me.
12. I understand criminal background checks, drug screenings or other investigative activities are required. All costs of such background checks, drug screenings and investigative activities shall be the responsibility of the applicant.

13. I understand upon review of my application I may be denied admission to an Allied Health or Nursing Associate Degree Program if I have been convicted of a felony or misdemeanor (other than a parking ticket). I also understand a criminal background check will be required at my expense. I am aware that if I fail to disclose any felony, misdemeanor, or plea of nolo contendere, any criminal record, or any pending court case, it will result in my immediate disqualification from the application process, and, if admitted, immediate dismissal from the Allied Health or Nursing program for which I was accepted. I further understand I must submit any information regarding any criminal record with the application to an Allied Health or Nursing program and that this information will be evaluated to determine admission to an Allied Health or Nursing program.
14. I am aware that I may or may not be allowed to take the appropriate licensure/certification exam if I have been convicted of a felony or misdemeanor. Final determination is the responsibility of the licensing, certifying or regulatory agency.
15. I understand a drug screen is required and may be requested at any time. Failure to comply with a drug screen or a positive or diluted drug screen will result in immediate dismissal from the program. I further understand any future applications to a Southern Allied Health or Nursing program(s) may not be accepted.
16. I understand that if I have ever received, or am currently receiving, treatment for drug dependency, I must submit a copy of the treatment/record discharge summary, printed on the facility's letterhead, with the application.
17. I understand once I am admitted to an Allied Health or Nursing program it is my responsibility to read and adhere to all policies and procedures of Southern West Virginia Community and Technical College's Catalog/ Handbook and the Program Student Handbook. All new applicants, students re-applying to the program or repeating a program course will adhere to the current program student handbook for that course/year. The handbook is subject to change with notification.
18. I understand it is my responsibility once I am admitted to an Allied Health or Nursing program I must finish within a specified period of time of the admission date. Failure to successfully complete the program within such specified time will result in dismissal. Any request for re-admission would be subject to new student admission requirements for that academic year and would require all program specific courses be repeated regardless of the previous grade.
19. I am aware that during any clinical rotation I may be assigned to day, evening, night and/or weekend shifts.
20. I understand a mandatory orientation program will be held on May 12, 2008, for those applicants accepted into the Allied Health or Nursing programs.
21. I fully understand that any proven cheating, misrepresentation, dishonesty, deceit, falsification or omission of information WILL result in immediate dismissal from any Allied Health or Nursing program.
22. I understand applications are not held over from year to year and if I am not admitted I must re-apply.
23. I understand that letters of recommendation ARE NOT required and, if letters are submitted, WILL NOT be used in the selection process.
24. **For nursing applicants**
  - (A) I must abide by Section 30-7-11 of the West Virginia Code and Legislative Rules for Registered Professional Nurses. Failure to abide by these rules may result in suspension or dismissal from the Nursing Program.
  - (B) I understand I must abide by Section 19-1-12, Subsection 12.4, of the West Virginia Code and Legislative Rules for Registered Professional Nurses which states:

“Students shall adhere to the standards of professional conduct as stated in 19CSR10, Standards for Professional Nursing Practice, and are subject to disciplinary action by the board as stated in 19CSR9, Disciplinary Action.”

(A WV Code Book for Registered Nurses is on reserve in the Logan Campus Library.)

(C) **For LPN applicants:** I understand I may take the Challenge Exams for certain nursing courses but not all nursing courses and that I am responsible for all fees. Please refer to the College Catalog to review nursing courses that may be challenged.

25. I understand that failure to provide any of the above information will disqualify my application to any Allied Health or Nursing program.
26. I understand the end of program outcomes may be reviewed on Southern’s Allied Health webpage ([www.southernwv.edu](http://www.southernwv.edu)).

If any of the above statements are not fully understood, it is my responsibility to request clarification from the Departments of Allied Health or Nursing.

**THIS APPLICATION SUPERSEDES AND TAKES PRECEDENCE OVER ANY PREVIOUS APPLICATION PRODUCED BY ANY OF SOUTHERN’S ALLIED HEALTH OR NURSING PROGRAMS AND IS VALID FROM AUGUST 15, 2007, THROUGH JANUARY 31, 2008 - 4:30 P.M.**

It is the policy of Southern West Virginia Community and Technical College to maintain and promote equal employment and educational opportunities without regard to race, color, religion, or national origin, sex, age, handicap or other non-merit factors. Inquiries regarding compliance with Title VI, Title IX, Section 502, 503 or 504 should be directed to the Affirmative Action Office, Southern West Virginia Community and Technical College, Central Administration, Mt. Gay, WV 25637, Phone (304) 792-7160.

## ACCREDITING AGENCIES FOR COLLEGE AND ALLIED HEALTH and NURSING PROGRAMS

### Southern West Virginia Community and Technical College:

North Central Association of Colleges and Schools  
Commission on Institutions of Higher Education  
30 North LaSalle Street, Suite 2400  
Chicago, IL 60602-2504  
Phone: 312-263-0456/1-800-621-7440 Fax: 312-263-7462  
[www.ncahigherlearningcommission.org](http://www.ncahigherlearningcommission.org)

### Dental Hygiene

Commission on Dental Accreditation  
American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois 60611  
Phone: 312-440-4653  
[www.ada.org](http://www.ada.org)

### Medical Laboratory Technology:

National Accrediting Agency for  
Clinical Laboratory Sciences  
8410 W. Bryn Mawr Avenue, Suite 670  
Chicago, IL 60631  
Phone: 773-714-8880 FAX: 773-714-8886  
[www.naacls.org](http://www.naacls.org)

### Nursing:

National League for Nursing Accrediting Commission  
61 Broadway, 33<sup>rd</sup> Floor  
New York, NY 10006  
Phone: 212-363-5555 /800-669-1656 FAX: 212-812-0393  
[www.nln.org](http://www.nln.org)

West Virginia Board of Examiners for Registered Professional Nurses  
101 Dee Drive  
Charleston, WV 25311-1620  
Phone: 304-558-3596 FAX: 304-558-3666  
[www.state.wvrbboard.com](http://www.state.wvrbboard.com)

### Radiologic Technology:

Joint Review Committee on Education  
in Radiologic Technology  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
Phone: 312-704-5300 FAX: 312-704-5304  
[www.jrcert.org](http://www.jrcert.org)

### Respiratory Care Technology

Committee on Accreditation in Respiratory Care  
1248 Harwood Road  
Bedford, TX 76021-4244  
Phone: 817-283-2835 FAX: 817-354-8519  
[www.coarc.com](http://www.coarc.com)

### Surgical Technology

Commission on Accreditation of Allied Health Education Programs  
35 East Wacker Drive, Suite 1970  
Chicago, IL 60601-2208  
Phone: 312-553-9335 FAX: 312-553-9616  
[www.caahep.org](http://www.caahep.org)

Application Revised: 08/07