**A close up of text on a black background

Description generated with high confidence**

**Associate in Applied Science**

**School of Allied Health**

**and Nursing**

**2018 APPLICATION FOR ADMISSION**

**HEALTH INFORMATION MANAGEMENT**

**ONLINE PROGRAM ONLY**

**APPLICATION ACCEPTANCE IS ONGOING.**

**PREFERENCE WILL BE GIVEN TO THOSE WHO**

**APPLY BEFORE DECEMBER 1, 2017**

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

**2018 Associate in Applied Science Application**

**Health Information Management Program**

***(Return this page only with required attachments)***

**Last Name:** **First Name: Middle Name:**

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**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Telephone Numbers: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Southern ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If no Southern ID, contact Student Records at**

**304-896-7438 or 304-896-7443)**

**E-mail Address (MANDATORY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a U. S. Citizen? Yes** ☐ **No** ☐ ***Under Immigration and Naturalization Service’s rules, Southern is not an institution certified to receive international students.***

**Are you a Veteran? Yes** ☐ **No** ☐

**\*Failure to fully complete this application, provide truthful information, and/or send required documentation will result in immediate disqualification.**

I certify that all information provided in connection with this application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission on this application shall automatically dismiss me from any Allied Health program. I have applied for admission to Southern West Virginia Community and Technical College and all transcripts, **other than Southern’s,** are attached to this application. I have also attached a copy of my ACT scores, if applicable, to this application. By signing below I verify and hereby affirm that I have read and understand this application.

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Signature of Applicant Date

Confirmation of attachments: □ ACT scores □ College Transcript(s)

# Application Requirements

* Applicant must be eligible to enter college level English and math.
* Applicant must submit an ACT score to the Registrar’s office **and** attach a copy to this application. Applicants will be selected competitively based upon the total math, science, reading, and English ACT scores. Highest scores will be given priority.
* ACCUPLACER scores will not be used to replace the ACT score.
* Applicant must have a minimum GPA of 2.0 in all previous college level courses. If no college courses taken, high school GPA or equivalent will be considered.
* Applicant must attach copies of transcripts from all colleges or universities attended. **Do not send** **Southern transcripts**.
* Applicant who has not taken previous college level courses must attach a copy of their high school or equivalent transcript.

**NOTE: APPLICATION DEADLINE IS ONGOING. HOWEVER, PREFERENCE WILL BE GIVEN TO THOSE WHO APPLY PRIOR TO DECEMBER 1, 2017.**

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

If, after submission of your application, you have a change of name, address, phone number or email, you **must** contact the School of Allied Health and Nursing **and** Student Records **immediately** to update your information.

Submit application to: Susan E. Wolford, Administrative Associate

School of Allied Health and Nursing

Building C, Room 333

Southern West Virginia Community and Technical College

PO Box 2900

Mount Gay, WV 25637

Phone: 304.896.7385

Fax: 304.792.7053

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## STATEMENT OF UNDERSTANDING

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

I understand the following:

1. It is my responsibility to contact the Interim Registrar at 304-896-7443 to ensure that my official transcripts and records are received, accurate and complete.

1. Travel is required in all Allied Health and Nursing programs. Day, evening, night, and/or weekend clinical rotations may be assigned. All arrangements and expenses are my responsibility.

1. Criminal background checks and drug screens are required at my expense upon acceptance into a program. Payment and testing is required regardless of previous acceptance into a program(s). Previous background checks and drug screens are not acceptable.

1. At the discretion of certifying/licensing agencies, clinical agencies can require the results of background checks, drug screens, or other investigative information and can prohibit access to clinical facilities.

1. I may or may not be allowed to take the appropriate licensure/certification exam after completion of a program if convicted of a felony or misdemeanor.

1. A random drug screen may be requested at any time while in the program. Failure to comply with a request for a drug screen, or a positive or diluted drug screen, or tampering with results, will result in immediate dismissal from the program.
2. If I have ever received, or am currently receiving, treatment for drug dependency, I must submit a

copy of the treatment/record or discharge summary, printed on the facility’s letterhead upon tentative admission to an Allied Health or Nursing program.

1. Letters of recommendation **ARE NOT** required and, if submitted, **WILL NOT** be used in the selection process.

1. Applications are not held over from year to year and if I am not admitted I must re-apply. This application supersedes and takes precedence over any previous application produced by the School of Allied Health and Nursing.

1. Failure to provide any requested information or any proven misrepresentation, dishonesty, deceit, falsification, or omission of information **WILL** result in immediate disqualification of the application.

1. If any of the above statements are not fully understood, it is my responsibility to request clarification from the School of Allied Health and Nursing.
2. Full admission to any Allied Health program is contingent upon results of background check, drug screen and physical exam.

Southern West Virginia Community and Technical College is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provisions of its education and employment programs and services

It is the policy of Southern West Virginia Community and Technical College to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, ethnicity, sex, color, gender, religion, age, sexual or gender orientation, disability, marital status, veterans status or national origin.

This nondiscrimination policy also applies to all educational programs, to admission, to employment, and to other related activities covered under Title IX, which prohibits sex discrimination in higher education.

Southern West Virginia Community and Technical College also neither affiliates with nor grants recognition to any individual, group or organization having policies that discriminate on the basis of race, ethnicity, sex, color, gender, religion, age, sexual or gender orientation, disability, marital status, veterans status, or national origin. Inquiries regarding compliance with any state or federal nondiscrimination law may be addressed to:

**Affirmative Action Officer Title IX Coordinator**

Mrs. Melissa Deskins Mr. Damien Williams

Interim Director of Human Resources Vice President of Student Services

304.896.7408 304.896.7427

[Melissa.Deskins@southernwv.edu](mailto:Melissa.Deskins@southernwv.edu) [Damien.Williams@southernwv.edu](mailto:Damien.Williams@southernwv.edu)

**Disability Services**

Consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), Southern West Virginia Community and Technical College ensures that qualified individuals with disabilities are afforded equal opportunity to participate in its programs and services. Reasonable modifications in policies, practices, and procedures are affected to assure equal access to individuals with disabilities.

Disability Services offers a supportive environment to ensure students with disabilities have equal access to the programs, services and activities offered by Southern. Disability Services provides and coordinates reasonable accommodations and disability-related services, advocates for an accessible learning environment through the removal of physical, informational and attitudinal barriers, and encourages self-advocacy and personal responsibility on the part of students with disabilities.

Immediately following application to Southern, persons with disabilities should contact Disability Services to plan for potential accommodation.

Reasonable and effective academic accommodations are provided on an individual basis and are based upon appropriate documentation of the disability and the significant functional limitations associated with the disability. Students having accommodation needs must:

* schedule an initial interview with the Office of Disability Services
* provide written documentation of disability from an appropriate professional licensed to diagnose such disability
* request services on an academic term basis

This process of providing disability-related services follows guidelines of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 and is designed to assure that reasonable accommodations are provided to all qualified students in a timely manner.

Information provided regarding Disability Services is considered confidential and is not disclosed without the written permission of the student. For further information contact:

**Section 504 Coordinator**

Ms. Dianna Toler

Director of Disability and Adult Services

304.896.7315

[Dianna.Toler@southernwv.edu](mailto:Dianna.Toler@southernwv.edu)

**INSTITUTIONAL ACCREDITATION**

Southern West Virginia Community and Technical College is accredited by the:

**Higher Learning Commission**

230 South LaSalle Street, Suite 7-500

Chicago, IL 60604-1413

Phone: 312.263.0456 or 800.621.7440

Fax: 312.263.7462

[http://www.ncahlc.org](http://www.ncahlc.org/)

**PROGRAMMATIC ACCREDITATION**

Agencies accrediting specific program offerings at Southern West Virginia Community and Technical College include:

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| --- | --- |
| **Medical Laboratory Technology**  National Accrediting Agency for  Clinical Laboratory Sciences  5600 River Road, Suite 720  Rosemont, IL 60018  Phone: 847.939.3597 or 773.714.8880  Fax: 773.714.8886  <http://www.naacls.org> | **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  <http://www.jrcert.org> |
| **Nursing**  Accreditation Commission for Education in Nursing (ACEN)  3343 Peachtree Road NE, Suite 850  Atlanta, GA 30326  Phone: 404.975.5000  Fax: 404.975.5020  <http://www.acenursing.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  <http://www.coarc.com> |
| West Virginia Board of Examiners for Registered Professional Nurses  90 MacCorkle Avenue, SW, Suite 203  South Charleston, WV 25303  Phone: 304.744.0900 or 1-877-743.6877  Fax: 304.744.0600  <http://www.wvrnboard.com>  E-mail: rnboard@wv.gov | **Surgical Technology**  Commission on Accreditation of Allied Health Education Programs  2500 US Highway 19N, Suite 158  Clearwater, FL 33756  Phone: 727.210.2350  Fax: 727.210.2354  <http://www.caahep.org>  E-mail: mail@caahep.org |