Carolinas College of Health Sciences
Clinical Laboratory Sciences
Histotechnology Program

The School for Clinical Laboratory Sciences welcomes applications from all qualified individuals who wish to pursue a career in Histotechnology. Admission to the program is competitive and meeting the minimum requirements does not guarantee an applicant a place in the program; it places an applicant in the selection process. Qualified applicants are ranked according to cumulative GPA, math/science GPA, three references on CCHS forms, and on-site structured interview. To be considered in the selection process, qualified applicants will be required to indicate the ability to meet the program's essential functions. The highest-ranking applicants are offered a position in the program. Send the completed application, application fee, sealed official college transcripts and the 3 references in sealed envelopes in one packet if possible to expedite the application process.

Send completed application packet to:

Carolinas College of Health Sciences
Attn: Admissions
1200 Blythe Blvd
Charlotte NC 28203

Application Deadline is the 1st of June. First preference will be given to applications received by the deadline. Applications received after the deadline will be considered on a space available basis. Qualified applicants not admitted to the program may be placed on an alternate list.

Please see the application checklist to ensure you have completed all items needed for admission. The faculty and staff are excited about your interest in our college and in the Histotechnology program. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admission advisors listed below.

Regards,

Rhoda Rillorta, MA
Admissions Coordinator
704-355-3243

Laura Holland
Admissions Representative
704-355-5583

Your future in healthcare begins here

CAROLINAS COLLEGE OF HEALTH SCIENCES
Histotechnology Program Applicants

Admission Requirements

Minimum admission requirements for the program must be submitted before application can be considered.
If the application packet is incomplete, the application will not be considered in the selection process:
Complete the attached application and submit a non-refundable $50 application fee
Submit official college transcripts from all post-secondary institutions (for foreign transcripts see International Students below). A minimum 2.5 cumulative college GPA and a minimum 2.5 science/math GPA are required.
A minimum of 30 semester hours of biology and chemistry must be completed by date of application and must include credits in both disciplines. Bachelor's degree and all prerequisites must be completed by the program's start date.
Prerequisites: Baccalaureate degree in biology, chemistry or related science with a minimum 30 semester credit hours in biology and chemistry (must include credit hours in both). Required courses include anatomy, physiology, microbiology, organic chemistry or biochemistry and 3 semester credit hours of college level algebra or higher-level math.
Note: At the discretion of the program Director, biology and chemistry courses may require updating if not completed within the last five years.
Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resides in the United States.

International Students
Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applications with foreign transcripts are required to present an official transcript evaluation from one of the agencies listed below which would include all the courses attempted, credit, and grades earned and verify the U.S. baccalaureate degree equivalency. Additional approved agencies may be found at www.ASCP.org.

Contact Information:
International Education Evaluations, Inc.
7900 Matthews-Mint Hill Road
Suite 300
Charlotte NC 28227
704-772-0109

World Education Services, Inc.
PO Box 745 Old Chelsea Station
New York NY 10013-0745
212-966-6311

Applicants with a foreign baccalaureate degree must take at least 12 semester hours at an accredited U.S. baccalaureate academic institution. The Dean of Student Services and the Program Director will determine specific courses. All three references must be from an instructor, advisor or employer in the United States.

Applicants who attended high school or college outside of the United States must take the TOEFL and achieve a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based).
Contact Information: TOEFL – www.toefl.org (school code 5130)

CAROLINAS COLLEGE OF HEALTH SCIENCES

Certificate in Histotechnology Program Applicant

Application Check Sheet

Use the checklist below and ensure all required documentation is submitted for a complete application.

Spring 2015 Admission

_____All items postmarked **by *June 1, 2014** will be given first consideration.

_____Application and $50 non-refundable fee

_____Official college transcripts from all post-secondary institutions attended. Must have a cumulative college GPA of 2.5 or higher and must have 2.5 cumulative Math/Science GPA or higher. Must show completion of 30 semester hours of biology and chemistry. Semester hours must include both disciplines.

_____Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resided in the United States.

Spring 2016 Admission

_____All items postmarked **by *June 1, 2015** will be given first consideration.

_____Application and $50 non-refundable fee

_____Official college transcripts from all post-secondary institutions attended. Must have a cumulative college GPA of 2.5 or higher and must have 2.5 cumulative Math/Science GPA or higher. Must show completion of 30 semester hours of biology and chemistry. Semester hours must include both disciplines.

_____Three references using the Carolinas College Reference Forms. The references must be from college instructors, college advisors or employers. References must be from a person who resided in the United States.

*** Applicants submitting application after the stated deadline will be considered on space availability. If all spaces are filled, your application will be considered for the next application deadline.*

For office use only:
Date paid_____ Form of payment_____
Application complete_____(yes) _____(no)
*If no, date of completion*_____
Received by_____

CAROLINAS COLLEGE OF HEALTH SCIENCES
HISTOTECHNOLOGY PROGRAM

☐ **Spring 2015**
Complete Application needs to be postmarked by June 1, 2014 for early consideration
☐ **Spring 2016**
Complete Application needs to be postmarked by June 1, 2015 for early consideration

Student Profile *Please print*

Full Name_____
Last **First** **Middle**

Social Security #_____**Former Name**_____

Mailing Address_____
Street or PO Box

_____
City **State** **Zip Code** **County**

Home Address_____
**if different from your mailing address*

_____
City **State** **Zip Code** **County**

Email Address_____

Home Phone_____ **Cell Phone**_____

The above information is used for correspondence with you. Please contact our office to let us know of any changes.

Citizenship *International students who do not have permanent resident status will not be considered for admission*
☐ U. S. Citizen
☐ Permanent Resident Alien _____ / _____ Citizenship Country _____

Academic Information

Have you ever attended a health care program at another institution?

☐ **Yes:** _____ **Date of Attendance**_____
Institution attended

☐ **No**

*Please list your **all colleges and universities** where you attempted any courses, regardless of length of attendance or whether you earned credit for those courses. You will need to provide official transcripts for each institution listed. Attach an additional page if necessary.*

College	City/State or Country	Dates of Attendance	Currently attending (please circle)	Did you/will you Graduate?	Degree (i.e.) AA, BS, MA
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree

Have you applied to or attended CCHS previously?
☐ **No** ☐ **Yes**

If yes, _____ **and/or** _____
Program *Year application submitted*

Demographic/ Background Data: *Disclosure of this information is voluntary and used for data reporting only*

Ethnicity:

☐ **American Indian/Alaskan Native**
☐ **Native Hawaiian or other Pacific Islander**
☐ **Black or African American**
☐ **White**
☐ **Asian**
☐ **Hispanic**
☐ **Two or more races**
☐ **Unknown**

Date of Birth: _____/_____/_____ **Gender:** ☐ **F** ☐ **M**

Community Standards

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A "yes" answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

☐ **Yes** ☐ **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?

☐ **Yes** ☐ **No** Applicants are required to submit a consent form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement etc...
You must notify the Admissions Coordinator or Dean of Student Services of any criminal charge or conviction that occurs at any time after you submit this application.

☐ **Yes** ☐ **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?

☐ **Yes** ☐ **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

Read, Sign and Date the following statement

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information.

********We cannot accept your application without your signature***

Signature of Applicant_____ Date_____

Parent or Guardian (If applicant is under 18)_____ Date_____

Application fee is $50. For payment by credit card, use the form below:

Student Name: _____

Cardholder Name (if different): _____

Type of Card (circle one): Discover Visa MasterCard American Express

Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration date: _____ **Transaction Amount:** _____

Transaction Type: *Application Fee