



Carolinus College of Health Sciences

2006 Application Packet

Four Steps to an Easier Application

Beat the deadline

Submit your application well before the deadline. This gives us more time to notify you of missing items and consider you for merit and need-based scholarships and for Honors Admission.

Include your transcripts

You can help us give you a timely decision by gathering official transcripts from all institutions you have attended and sending those to us all at once with this application. As long as the transcripts are enclosed in their original sealed envelopes, we'll accept them.

Make sure your application is complete

No later than 2 weeks after your application has arrived, we will notify you – by email or regular mail – of any required credentials that are missing from your file.

Check your mail and email often

Because we use regular mail and email to advise you of missing items and application status, please check them frequently. Please provide us with an accurate email address where we can reach you throughout the year. If your mailing address or email changes, notify us immediately.

Important Dates and Deadlines

FALL 2006 ENROLLMENT - CLOSED

	<i>Complete Application and all supporting documents received:</i>	<i>Status notification on or around:</i>
Nursing, Pre-Nursing, Radiologic Technology & Emergency Medical Sciences		
Early Application Deadline	December 1, 2006	January 15, 2007
Final Application Deadline	March 2, 2007	April 15, 2007
<i>Applications after March 3 considered on a space available basis</i>		
Medical Technology & Surgical Technology*		
Early Application Deadline	December 1, 2006	February 1, 2007
<i>Applications after December 1 considered on a space available basis</i>		

SPRING 2007 ENROLLMENT

	<i>Complete Application and all supporting documents received:</i>	<i>Status notification on or around:</i>
Nursing, Pre-Nursing & Emergency Medical Sciences		
Early Application Deadline	May 5, 2006	June 15, 2006
Late Application Deadline	August 4, 2006	September 15, 2006
<i>Applications after August 4 considered on a space available basis</i>		
Medical Technology		
Early Application Deadline	August 4, 2006	October 1, 2006
<i>Applications after August 4 considered on a space available basis</i>		

*Surgical Technology program begins May 15, 2006

Instructions and Information

A complete application must include the following by the appropriate deadline:

See website for program specific application requirements.

- Completed application form and non-refundable \$50 application fee, payable to CCHS. *This fee is waived only for general education applicants and those referred by a CCHS alumnus.*
- Official, sealed transcript from graduating high school. *This requirement is waived for medical technology applicants.*
- Official, sealed transcripts from all colleges/universities attended.
- Official SAT or ACT test scores. SAT code: 6211. ACT Code: 3056. *This requirement is waived for medical technology and general education applicants.* Copies of official score report are acceptable.
- For applicants presenting foreign transcripts, a TOEFL score of 59 (internet-based) or 213 (computer version) is required. TOEFL code: 5130.
- An application packet missing one or more of these required items will not be considered for admission. The College reserves the right to request additional information as needed.
- Submit the application, application fee, transcripts, and test scores to:
Admissions
Carolinas College of Health Sciences
1200 Blythe Blvd.
Charlotte, NC 28203
- All applicants are considered without regard to race, color, religion, sex, age, national origin, handicap, disability, military status, or any other basis prohibited by law.
- Students admitted to a health care program are required to provide proof of medical insurance coverage prior to enrollment. A College insurance policy is available.

Is Carolinas College of Health Sciences right for you?

Carolinas College of Health Sciences is committed to excellence in health care education. Admission to the College is competitive based on GPA and test score. Competitive applicants presented the following average scores in 2005:

PROGRAM	SAT	ACT	HIGH SCHOOL GPA	COLLEGE GPA
Nursing	1050	23	3.33	3.06
Radiologic Technology	1100	24	3.38	3.47
Medical Technology	N/A	N/A	N/A	2.89
Surgical Technology*	980	21	3.07	2.88
Emergency Medical Sciences	910	19	3.05	2.82
Pre-Nursing**	970	20	3.01	2.90

**Surgical Technology applicants may waive the SAT/ACT test score and take a local assessment test **Pre-Nursing applicants meeting the minimum requirements for the nursing program are admitted on a space available basis.*

Minimum Required Coursework

- See website for specific requirements for each program.
- **Nurse Aide** required for those entering the nursing program prior to enrollment.
- **Introduction to Healthcare** required for those entering the radiologic technology program prior to enrollment.



2006 Application for Admission

2007 application packet will be available in June 2006

For office use only
Date paid _____
Received by _____

Program of Study

NURSING <input type="checkbox"/> Fall, August 2006 <input type="checkbox"/> Spring, January 2007	PRE-NURSING <input type="checkbox"/> Fall, August 2006 <input type="checkbox"/> Spring, January 2007	MEDICAL TECHNOLOGY <input type="checkbox"/> Fall, August 2006 <input type="checkbox"/> Spring, January 2007
SURGICAL TECHNOLOGY <input type="checkbox"/> Summer, May 2006	EMERGENCY MEDICAL SCIENCES <input type="checkbox"/> Medic Academy 2006 <u>Community Program</u> <input type="checkbox"/> Spring, January 2007	GENERAL EDUCATION <input type="checkbox"/> Spring, January 2006 <input type="checkbox"/> Summer, May 2006 <input type="checkbox"/> Fall, August 2006
RADIOLOGIC TECHNOLOGY <input type="checkbox"/> Fall, August 2006		

Student Profile

Full Name _____
Last First Middle Suffix(Jr., Sr.)

Social Security # _____ **Former Last Name** _____
Please list all former last names

Email Address _____
We will use this frequently to stay in touch. If it changes, please notify us immediately

Mailing Address _____
Street or PO Box City County State Zip

Home Phone _____ **Alternate Phone** _____

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

Ethnicity: American Indian / Alaskan Native Asian / Pacific Islander
 Black, non-Hispanic Hispanic / Latino
 White, non-Hispanic Other _____

Date of Birth: ____ / ____ / ____ Sex: Female Male

Do you speak another language fluently? If so, what language? _____

Have you applied to or attended CCHS previously? Yes No

Citizenship *International students who do not have permanent resident status will not be considered for admission*

U. S. Citizen
 Permanent Resident Alien _____ / _____ Citizenship Country _____
Receipt # Date of Issue

Academic Information

College and High School Information

Please list your graduating high school and all colleges and universities where you have attempted any courses, regardless of length of attendance or whether you earned credit for those courses. Attach an additional page if necessary.

Colleges	City/State <u>OR</u> Country	Dates Attended (from – to)	Did you/will you Graduate? Degree?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____
Graduating High School	City/State <u>OR</u> Country	Dates Attended (from – to)	Did you/will you Graduate?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

From what type of high school did you graduate? Public Private Foreign Home

Were you referred by a CCHS alumnus? Yes No If yes, who referred you _____

Those applicants referred by an alumnus may waive the \$50 application fee

I have a baccalaureate degree (Radiologic Technology/Surgical Technology) and am waiving my SAT/ACT scores. Test scores can not be waived for the nursing and pre-nursing program.

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 and drug-free workplace. 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 criminal background release form provided by the College upon acceptance and must be cleared by Carolinas Health care System for participation in clinical education. Have you ever been accused or convicted of a crime other than a routine traffic violation?
You must notify the admissions office 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 who have been deemed “ineligible for rehire” by Carolinas Health care System may not be accepted to a health care program. Is there any reason why you would not be eligible for rehire by Carolinas Health care System?

Read, Sign and Date the following statement

We cannot accept your application without your signature

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.

Signature of Applicant _____ Date _____

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