

## NURSING & ALLIED HEALTH DIVISION APPLICATION DEADLINE DATES FOR 2013-2014

<u>Degree Programs</u>	<u>Application Process Complete by</u>
Dental Hygiene (5 semesters)	2/03/14 (1 <sup>st</sup> Monday in February)
Fire Science Technology (4 semesters)	FCFS ** (on-line)
Health Information Management (4 semesters)	5/5/14 (1 <sup>st</sup> Monday in May)
Physical Therapist Assistant (4 semesters)	3/03/14 (1 <sup>st</sup> Monday in March)
Radiologic Technology (6 semesters)	4/15/14
Registered Nursing:	
Day (4 semesters – <u>every year</u> in fall)	3/15/14 ■
Night (5 semesters – every other fall on the <u>odd years</u> )	
Respiratory Care (6 semesters)	5/15/14

### Technical Certificates Programs

Dental Assisting (3 semesters)	6/15/14 ■
EMT (1 semester – fall semester)	5/31/14 ■
Pharmacy Technician (3 semesters)	AQC * or May 1

### Advanced Programs Having Qualification/Certification

Dental Assisting AAS (2/3 semesters)	AQC *
Emergency Medical Services Programs:	
AEMT (1 semester –spring semester after EMT)	11/15/13
Paramedic (3 semesters after EMT/AEMT)	5/31/14 ■
Critical Care Paramedic (2 semesters after Paramedic)	7/31/14
Registered Nursing Programs:	
LPN to RN Transition:	
(3 semesters – day <u>every year</u> in summer)	1/15/14
(4 semesters – night every other summer in the <u>even years</u> )	1/15/14
Paramedic to RN Transition:	
(3 or 4 semesters – day or night every other summer in the <u>even years</u> )	1/15/14

### Advanced Programs Having ARRT Certification

Computed Tomography (CT) (1 semester)	6/15/14 ■
Magnetic Resonance Imaging (MRI) (1 semester)	FCFS **
Nuclear Medicine (3 semesters)	4/15/14
Radiation Therapy (3 semesters)	Mid April
Sonography (2 Programs - 3 semesters):	
Cardiovascular (every <u>odd year</u> )	
General Diagnostic Medical (every <u>even year</u> )	3/15/14 ■

### Important Notes

■ If a deadline date ends on a weekend, the following Monday will be considered the last day to turn in program application, materials and complete scheduled testings. (See program checklist)

AQC \*= Acceptance When Qualifications Are Completed

FCFS \*\* = First Come, First Serve (Limited Applications Available)

Visit the N&AH website for program information  
[www.chattanoogaastate.edu/nursing-allied-health](http://www.chattanoogaastate.edu/nursing-allied-health)

**IMPORTANT NOTE:**

**Complete this form  
only if you turned in  
an application for the  
previous year.**

Chattanooga State Community College  
**Dental Assisting Program  
2014 Application Update**

Date \_\_\_\_\_

SS # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you attended an Information Session? Yes \_\_\_ No \_\_\_

Have you fulfilled your 16 hours observation in a dental office? Yes \_\_\_ No \_\_\_

Have you completed the admission requirements of the college? Yes \_\_\_ No \_\_\_

Have you scheduled your personal academic planning  
Session with a dental assisting faculty member? Yes \_\_\_ No \_\_\_

*NOTE: Having all remedial reading and writing requirements complete is a prerequisite for being accepted. There are also prerequisites for remedial math which will be discussed in your personal academic planning session.*

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return by  
December 15 for priority  
consideration to:

Chattanooga State Allied Health  
ATTN: Applications Coordinator  
4501 Amnicola Highway  
Chattanooga, TN 37406

**IMPORTANT NOTE:**  
*Complete this form only if you turned in an application for the previous year.*

Chattanooga State Community College  
**Dental Hygiene Program  
2014 Application Update**

Date \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

**Test of Essential Academic Skills (TEAS):**

Have you taken the TEAS? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to retake it? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have not taken it, when do you plan to take it? \_\_\_\_\_

**General Education Courses: (complete by the end of fall 2013)**

(Check ✓ if completed at Chattanooga State - \* if completed at another school)

- |                             |                     |                       |
|-----------------------------|---------------------|-----------------------|
| ___ Anatomy & Physiology I  | ___ Chemistry*      | ___ Humanity Elective |
| ___ Anatomy & Physiology II | ___ English Comp. I | ___ Psychology        |
| ___ Microbiology            | ___ College Math    |                       |
| ___ Nutrition               | ___ Sociology       |                       |

\*Chemistry is a prerequisite and can be satisfied by high school chemistry with a "B" or better. Transcript is required. It must be completed before entering the program.

Have you documented 16 hours of observation in a dental office? Yes \_\_\_ No \_\_\_

Have you had any previous work experience in the Dental profession? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return by December 15 for priority consideration to:	Chattanooga State Allied Health ATTN: Applications Coordinator 4501 Amnicola Highway Chattanooga, TN 37406
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**IMPORTANT NOTE:**

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previous year.*

**CHATTANOOGA STATE COMMUNITY COLLEGE**  
**DIVISION OF NURSING/ALLIED HEALTH**  
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**  
**FALL 2014 UPDATE FORM**

IF YOU WANT TO BE CONSIDERED FOR THE 2014 FALL CLASS, COMPLETE THIS FORM AND RETURN BEFORE February 1, 2014.

\_\_\_ General Sonography                      \_\_\_ Cardiovascular

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Make sure that all necessary transcripts have been received or are being sent. Call me at (423) 697-2504 or call the records office at (423) 697-2474 to verify.

Check One:

\_\_\_ I have met the requirement for completing a College-level algebra (Math1710).

\_\_\_ I have not completed a College-level algebra, but I plan to complete it prior to Fall 2014.

**RETURN TO:**

**CHATTANOOGA STATE, ALLIED HEALTH**  
**ATTN: APPLICATION COORDINATOR**  
**4501 AMNICOLA HIGHWAY**  
**CHATTANOOGA, TN 37406**

**IMPORTANT NOTE:**

*Complete this form  
only if you turned in  
an application for the  
previous year.*

Health Information  
Management  
**2014 Application Update**

Date \_\_\_\_\_

SS # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Circle one: HIM traditional classroom program OR HIT RODP online program

**Test of Essential Academic Skills (TEAS)**

Have you taken the TEAS? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to retake it? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have not taken it, when do you plan to take it? \_\_\_\_\_

**General Education Courses: (complete by the end of fall 2013)**

(Check ✓ if completed at Chattanooga State - \* if completed at another school)

\_\_\_ Anatomy & Physiology I      \_\_\_ Public Speaking      \_\_\_ Computer Literacy  
\_\_\_ Anatomy & Physiology II      \_\_\_ English Comp. I      \_\_\_ Medical Terminology  
\_\_\_ Humanity Elective      \_\_\_ Social/behavioral science

Have you had any previous work experience in the medical records profession? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return by  
December 15 for priority  
consideration to:  
Chattanooga State Allied Health  
ATTN: Applications Coordinator  
4501 Amnicola Highway  
Chattanooga, TN 37406

**IMPORTANT NOTE:**

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**only** if you turned in  
an application for the  
previous year.*

CHATTANOOGA STATE COMMUNITY COLLEGE  
DIVISION OF NURSING/ALLIED HEALTH  
NUCLEAR MEDICINE TECHNOLOGY PROGRAM  
**FALL 2014 UPDATE FORM**

IF YOU WANT YOUR FILE TO BE TRANSFERRED TO THE 2014 DATABASE FOR CONSIDERATION FOR THE 2014 FALL CLASS, COMPLETE THIS FORM AND RETURN BEFORE January 15, 2014.

SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY,ST,ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAKE SURE THAT ALL NECESSARY TRANSCRIPTS HAVE BEEN RECEIVED OR ARE BEING SENT. CALL LEESA ROSS AT (423) 697-3331 OR CALL THE RECORDS OFFICE AT (423) 697-4401 TO VERIFY.

RETURN TO:

ChSCC, ALLIED HEALTH  
ATTN: APPLICATION COORDINATOR  
4501 AMNICOLA HIGHWAY  
CHATTANOOGA, TN 37406

**IMPORTANT NOTE:**

*Complete this form only if you turned in an application for the previous year.*

Chattanooga State Community College  
**Physical Therapist Assistant Program**  
2014 Application Update

Date \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Test of Essential Academic Skills (TEAS):**

Have you taken the TEAS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was your score? \_\_\_\_\_ When did you take it? \_\_\_\_\_

Do you plan to retake it? Yes \_\_\_\_\_ No \_\_\_\_\_

**General education Courses: (Completed by the end of Fall 2013)**

(✓ if completed at Chattanooga State - \*if completed at another college)

\_\_\_\_\_ Anatomy & Physiology I \_\_\_\_\_ Social Science

\_\_\_\_\_ Anatomy & Physiology II \_\_\_\_\_ English Comp I

\_\_\_\_\_ Concepts of Physics \_\_\_\_\_ College Math

\_\_\_\_\_ Humanity Elective

**Application Information:**

(Please check the following if you have already submitted them to the Division of Nursing/Allied Health)

\_\_\_\_\_ 2 Recommendation forms

\_\_\_\_\_ College transcripts from all schools attended

\_\_\_\_\_ Observation form documenting at least 16 hours of observation in a Physical Therapy Department

If you have not submitted the above forms, you must do so prior to the deadline date.

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return by December 15 to:

Chattanooga State Allied Health  
ATTN: Applications Coordinator  
4501 Amnicola Hwy  
Chattanooga, TN 37406-1097

**IMPORTANT NOTE:**  
Complete this form only if you turned in an application for the previous year.

Chattanooga State Community College  
**Radiologic Technology Program**

**Fall 2014 Application Update**

**Please complete this form only if you applied for the fall 2013 and were not accepted and you would like your file included in the fall 2014 Applicant pool.**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Have you attended an Information Session for Radiologic Technology? Yes \_\_\_ No \_\_\_  
(Attendance is mandatory at one information session)

Have you taken the Test of Essential Academic Skills (TEAS)?  
Yes \_\_\_ No \_\_\_ If yes, date you took it: \_\_\_\_\_

If No, when do you plan to take it? \_\_\_\_\_

Have you taken the ACT? Yes \_\_\_ No \_\_\_ (The ACT is mandatory for Radiologic Technology applicants.)

Have you submitted college transcripts from all schools attended? Yes \_\_\_ No \_\_\_  
(You need to contact Admissions to verify that transcripts have been received and evaluated.)

Have you submitted your high school transcript? Yes \_\_\_ No \_\_\_

Have you satisfied the Math 1710 and Chemistry prerequisites? Yes \_\_\_ No \_\_\_

Relevant Work Experience: Provide below any work experience in the field of Radiology.

\_\_\_\_\_  
\_\_\_\_\_

You may call (423) 697-2504 to verify all that is in your file.  
I certify that the above information is true and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return by December 15 to:  
Chattanooga State Allied Health  
ATTN: Applications Coordinator  
4501 Amnicola Highway  
Chattanooga, TN 37406-1097



**IMPORTANT NOTE:**

*Complete this form  
only if you turned in  
an application for the  
previous year.*

Chattanooga State Community College  
**Respiratory Care Program**  
2014 Application Update

Date \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Chemistry Prerequisite: (check one)**

- I have a "B" or better in high school chemistry. (HS transcript must be turned in with this update.)
- I have a "C" or better in college chemistry.
- I plan to take chemistry prior to admission into the program.

**Preadmission test: (check one)**

- I have taken the Test of Essential Academic Skills (TEAS) and do not plan to retake it.
- I have taken the TEAS and plan to retake it. When? \_\_\_\_\_
- I have not taken the TEAS, but plan to prior to the deadline date.

**General education Courses: (To be completed by the end of Spring 2014)**

(✓ if completed at Chattanooga State - \*if completed at another college)

- |  |  |
|--|--|
| <input type="checkbox"/> Anatomy & Physiology I  | <input type="checkbox"/> Social Science    |
| <input type="checkbox"/> Anatomy & Physiology II | <input type="checkbox"/> English Comp I    |
| <input type="checkbox"/> Microbiology            | <input type="checkbox"/> Humanity Elective |

**I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that my acceptance into the Respiratory Care program would require a criminal background check for me to participate in the clinical portion of the program.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return by Feb. 15 to:

Chattanooga State Allied Health  
ATTN: Applications Coordinator  
4501 Amnicola Hwy  
Chattanooga, TN 37406-1097

**COMPLETE THIS  
APPLICATION ONLY IF A  
COMPLETE APPLICATION  
HAS BEEN PREVIOUSLY FILED**

## Nursing Program 2014 Application Update

Date \_\_\_\_\_ ChSCC ID A# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Nursing Program: (check one)** Please indicate the program and year you plan to start taking nursing courses:

**Registered Nurse**

*Due March 15<sup>th</sup>*

\_\_\_\_ Day, Fall 2014

\_\_\_\_ Day, Fall 2015

**LPN to RN Transition\***

*Due January 15<sup>th</sup>*

\_\_\_\_ Summer: Day, Fall 2014

\_\_\_\_ Summer: Night, Fall 2014

**Paramedic to RN Transition\***

*Due January 15<sup>th</sup>*

\_\_\_\_ Summer: Day, Fall 2014

\_\_\_\_ Summer: Night, Fall 2014

*\*NOTE: Documentation of 400 hours work experience within the past two years must be on file.*

**Education: (check one)**

\_\_ Currently enrolled: \_\_ Chattanooga State \_\_ Other college, specify \_\_\_\_\_

\_\_ Previously enrolled, not at the present: \_\_ Chattanooga State \_\_ Other college, specify \_\_\_\_\_

**Chemistry Prerequisite: (check one)**

\_\_ I have a "B" or better in high school chemistry. (High school transcript should be on file with original application. If not, please attach.

\_\_ I have a "C" or better in college chemistry. Name of college \_\_\_\_\_

\_\_ I plan to take chemistry prior to admission into the program.

**Preadmission Test: (check one)**

\_\_ I have taken the TEAS and do not plan to retake it. Composite percentage? \_\_\_\_\_

\_\_ I have taken the TEAS and plan to retake it. When? \_\_\_\_\_

\_\_ I have not taken the TEAS and plan to take it. When? \_\_\_\_\_

**\*\* IMPORTANT NOTE: When applying for a fall class, the TEAS Test must be scheduled prior to March 1<sup>st</sup> to guarantee test availability. No new test dates will be added after March 1<sup>st</sup>.**

**General Education Courses: Completed by end of Fall 2013.**

**Indicate with a ✓ if completed at Chattanooga State Community College, or an \* if completed at another college.**

\_\_ Nutrition

\_\_ General Psychology

\_\_ College Math

\_\_ Anatomy & Physiology I

\_\_ Growth & Development

\_\_ English Composition

\_\_ Anatomy & Physiology II

\_\_ Humanities Elective

\_\_ Microbiology

**IMPORTANT NOTE: If you are transferring any credits, you must verify transfer evaluation with the Records Office.**

Have you ever been convicted of a crime other than a minor traffic violation? \_\_ Yes \_\_ No If yes, Date: \_\_\_\_\_

Describe \_\_\_\_\_

I certify that to my knowledge all of the above information is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**

**Chattanooga State Community College  
N&AH Applications Coordinator, HSC 2088  
4501 Amnicola Highway  
Chattanooga, TN 37406**

**Nursing Program**  
**Chattanooga State Technical Community College**  
**4501 Amnicola Highway**  
**Chattanooga, TN 37406**

## Request for Waiver of 5-Year Limit for Biology Lab Science Courses

Deadline dates for submission: January 8, March 20, and August 20, November 8.

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ "A" Number or SS#: \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Nursing Program?  Day  Night  LPN Transition  Paramedic Transition Year you plan to enter the 1st nursing course? \_\_\_\_\_

**PLEASE READ CAREFULLY: A waiver of the 5-year limit for Anatomy & Physiology and/or Microbiology, will only be considered if the applicant:**

- Has applied for admission to Chattanooga State and submitted an application to the nursing program.
- Is currently licensed or certified in a healthcare career or can provide evidence as to why knowledge of the biology subject is current.
- Has a grade of "B" or better in the biology course(s). A waiver request for courses with a grade of "C" will not be considered.
- Provides documentation that the courses were completed within no more than 8 years of the date of entry into the first nursing course.

**It is the student's responsibility to submit all requested information at the time the waiver form is submitted.**

Waiver Request	<u>Semester/Year Taken</u>	<u>Grade</u>
<input type="checkbox"/> Anatomy and Physiology I	_____	_____
<input type="checkbox"/> Anatomy and Physiology II	_____	_____
<input type="checkbox"/> Microbiology	_____	_____

**NOTE:** Attach an unofficial copy of your Chattanooga State transcript from TigerWeb. If these courses were taken elsewhere, attach an unofficial copy of the appropriate transcript(s).

**Incomplete requests will not  
be considered!**

Healthcare Career: \_\_\_\_\_ Licensed/certified?  Yes  no Date training completed? \_\_\_\_\_  
 License/Certification # \_\_\_\_\_ State: \_\_\_\_\_

**Describe in detail: "Why do you believe a 5-year waiver should be granted?"**

Provide a **detailed** explanation of educational and/or work experiences since the biology course(s) were completed that would convince the program admissions committee that your knowledge is current enough to be granted a waiver of the 5-year limit. Just stating that you are licensed in a healthcare profession is not sufficient.

(Use back of the page if needed.)

Student Signature: \_\_\_\_\_

**Admissions Committee Action:** Date: \_\_\_\_\_

Approved  Approved with conditions: \_\_\_\_\_  
 Denied

**Nursing & Allied Health Division**  
**Chattanooga State Community College**  
**4501 Amnicola Highway**  
**Chattanooga, TN 37406**

## Request for Waiver of 5-Year Limit Lab Science Courses

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Year you plan to enter program? \_\_\_\_\_

Program:      Dental              Health Information              Physical Therapist              Radiologic              Respiratory  
                   Hygiene                    Management                    Assistant                    Technology                    Care

**PLEASE READ CAREFULLY: A waiver of the 5-year limit for Anatomy & Physiology and/or Microbiology will only be considered if the applicant...**

- Has applied for admission to Chattanooga State and submitted an application to the Allied Health program.
- Is currently licensed or certified in a healthcare career or can provide evidence as to why knowledge of the biology subject is current.
- Has a grade of "B" or better in the biology course(s). A waiver request for courses with a grade of "C" will not be considered.
- Provides documentation that the courses were completed within no more than 8 years of the date of entry into the first program course.

**It is the student's responsibility to submit all requested information at the time the waiver form is submitted.**

Anatomy and Physiology I, II and Microbiology must have been completed no more than 5 years from enrollment in major courses. To request a waiver of the 5-year limit, provide **ALL** of the following information and submit completed form to the appropriate program director prior to the application deadline:

	<u>Semester/Year Taken</u>	<u>Grade</u>	<u>Requesting Waiver</u>
Anatomy and Physiology I	_____	_____	
Anatomy and Physiology II	_____	_____	
Microbiology	_____	_____	
Concepts of Physics	_____	_____	

**NOTE:** Attach a copy of your Chattanooga State transcript verifying this information. If these courses were taken elsewhere and do not appear on your transcript in Banner Self Service attach a copy of the appropriate transcript(s).  
**Incomplete applications will not be considered.**

**Describe in detail: "Why do you believe a 5-year waiver should be granted?"** (Use back of the page or attach a typed document.)

Keep in mind that the content included in these courses is not taught during your major courses. It is assumed that students have current knowledge of the sciences upon which to build knowledge in your chosen healthcare field. Explain why you believe your knowledge is current enough to be granted a waiver of the 5-year limit. Include in this explanation such things as:

- Do you have prior health career education? What career? When were you enrolled?
- Are you currently certified or licensed in a health profession?
- Describe any work experience since completion of the biology course(s) related to maintaining current knowledge.

Student Signature: \_\_\_\_\_

**Committee Action:** Date: \_\_\_\_\_  
**Approved** (list any conditions: \_\_\_\_\_)

**Denied**