

Allied Health Application

Important Notes:

- Complete all admission requirements to Chattanooga State prior to program deadlines.
- Check program application checklist for complete details on admission process.
- If you wish to apply to more than one program, you must submit a separate application for *each* program with *all* required materials. All programs can be found on the N&AH website at www.chattanoogaastate.edu/nursing-allied-health
- Dental Hygiene Applicants: If you are claiming high school chemistry with a "B" or better, submit a copy of your high school transcript with this application.

Check one program:

- ☐ Dental Assisting
☐ Dental Hygiene AAS
☐ Emergency Medical Technician ☐ fall ☐ spring
☐ Health Information Management Program AAS
☐ Nuclear Medicine Technology AAS
☐ Pharmacy Technician
☐ Physical Therapist Assistant AAS
☐ Radiologic Technology AAS
☐ Respiratory Care AAS
☐ Veterinary Technology AAS

Advanced Certificate Programs:

- ☐ Nuclear Medicine Technology (must have degree)
☐ Radiation Therapy Technology (Must be ARRT Certified)

Emergency Medical Services Programs:

- ☐ AEMT (after EMT) ☐ fall ☐ Spring
☐ Paramedic (Must be licensed AEMT)

Diagnostic Medical Sonography Programs:

- ☐ General (OB, Abdomen – every even year)
☐ Cardiovascular (Echo, Vascular-every odd year)

1 Semester Advanced Certificates:

- ☐ Computed Tomography (CT)
☐ Magnetic Resonance Imaging (MRI)
☐ Mammography

Info Session:

Have you attended an information session? Yes ☐ No ☐ If yes, ☐ Date: _____

Personal Data:

Date: _____ Chattanooga State ID # A _____ (Required before turning in program application)

Name _____
Last First Middle Maiden

Street _____

City _____ State _____ Zip _____

Phone Number (Home) _____ (Cell) _____

E-mail Address (*this is how you will be contacted*) _____

Required Demographic Information: (Check one in each area)

Sex: Male ☐ Female ☐ Race: Asian/Pacific Islander ☐; American Indian ☐; African American ☐; Hispanic ☐; Caucasian ☐; Bi-racial ☐

Date of Birth: Month _____ Day _____ Year _____ In compliance with Title VI Civil Rights Act 1964.

Education:

Name of High School _____ Year of Graduation _____ Street Address _____
City _____ State _____ Zip _____ GED Completed in
what year _____

Are you currently enrolled at a college? Yes ☐ No ☐ if Yes, where? _____

Previous Colleges Attended:	Address	Dates Attended	Degree Earned

Employment Record: (Start with most recent)

Employer/Address	Dates Worked	Position	Reason for Leaving

Medical/Legal Information:

Have you ever been convicted of a crime other than a minor traffic violation? Yes ☐ No ☐

If yes, date? _____ Describe _____

Have you previously been accepted into an NAH program? Yes ☐ No ☐

If yes, where? _____ When? _____

Are you now or have you ever been licensed/credentialed in a health care discipline? Yes ☐ No ☐

If yes, are you *currently* licensed/credentialed in a health care discipline? Please give license number, state, and health care discipline

Have you ever applied for a license/credential in a health care discipline and been denied? Yes ☐ No ☐

If yes, please explain _____

Has your license/credential ever been suspended, revoked, or put on probation? Yes ☐ No ☐

If you are not currently licensed but have *previously* been licensed/credentialed in a health care discipline, indicate the status of licensure/credential: **Please attach copies of all valid state/national licenses/certificates.**

Suspension _____ Probation _____ Revoked _____

For Programs that Require the ATI TEAS:

All 4 parts of ATI Test of Essential Academic Skills (TEAS) is to be taken on or before the program deadline date. A copy of the TEAS Results, showing all four individual scores (Individual Performance Profile), **is required** with the application. If you plan to retake the ATI TEAS and want to replace the results, go to program website and view ATI TEAS for important details.

Criminal Background:

Following acceptance and prior to entering the first career course in designated healthcare programs, each student must undergo a criminal background check in order to comply with policies of affiliating clinical practice agencies. It shall be the student's responsibility to comply with instructions provided upon acceptance and provide the results by a designated date. The check will be at the expense of the student. Students who do not meet this requirement in a timely manner or whose background does not meet agency standards will not be able to successfully complete the program or participate in clinical rotations. Illicit drug use, criminal background check issues and questionable/problematic immunization status may prevent future employment or certification and externship sites, employers and State or Professional Boards have regulations about drug use and criminal backgrounds. Individuals with a question concerning this should schedule an appointment with the Program Director.

Certificate of Application – Please read carefully and sign:

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in my expulsion from any Allied Health program. I hereby authorize Chattanooga State or other appropriate State investigative agencies to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I further authorize and request each former employer, person given as a reference, educational institution, or organization to provide all information that may be sought in connection with this application.

This application is for an Allied Health program only. Before an applicant can be considered for acceptance in a program, he/she must complete all admission requirements to Chattanooga State by the program deadline date.

I also understand it is my responsibility to *read the program material on the website and follow the program's application checklist in order to successfully complete the program admissions process*. The application checklist will give you required materials that will accompany this program application. Visit the N&AH Website at www.chattanoogastate.edu/nursing-allied-health for the program information.

All program materials and/or required program steps must be turned in and completed *on or before the program deadline date*. Additionally, it is the applicant's responsibility to make sure the program file is complete and remains up-to-date.

Print Name _____ Signature _____ Date _____

Send Program Application and required materials to:

Chattanooga State Community College
N&AH Division - ***Attn: Jennifer Bryant**
4501 Amnicola Highway
Chattanooga TN 37406-1097
Fax: 423.697.2628
Email: Jennifer.Bryant@chattanoogastate.edu