

Allied Health Division - Chattanooga State Community College - 4501 Amnicola Highway - Chattanooga, TN 37406

Name (Please Print): (Last) _____ (First) _____ (Date) _____
 Address/City/State/Zip _____
 Phone Numbers: Home: _____ Cell: _____
 Email address (please print clearly) _____
 Student ID Number: _____ Year you plan to enter program? _____

Programs:

___ Dental Hygiene; ___ EMS; ___ Health Information Management; ___ Nuclear Medical Technology;
 ___ Physical Therapist Assistant; ___ Radiologic Technology; ___ Respiratory Care; ___ Veterinary Technology

Please Read Carefully

Lab Science courses must have been completed no more than 5 years prior to enrollment in program courses. A waiver of the 5-year limit for a lab science course will only be considered if the applicant....

- Has applied for admission to Chattanooga State and submitted an application to an Allied Health program.
- Can provide evidence as to how the knowledge of the subject(s) is current (such as current license or certifications in a healthcare field).
- Has a grade of "B" or better in the lab science course(s). A waiver request for courses with a grade of "C" or lower will not be considered.
- Provides documentation that the course(s) were completed within no more than 8 years of the date of entry into the first program course.

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

To request a waiver of the 5-year limit for a program, provide all of the following information and submit completed form to the appropriate program director prior to the application deadline:

	<i>Semester/Year Taken</i>	<i>Grade</i>	<i>Requesting Waiver</i>
BIOL 1110 (General Biology I)	_____	_____	_____
BIOL 1430 (Nutrition)	_____	_____	_____
BIOL 2010 (Anatomy and Physiology I)	_____	_____	_____
BIOL 2020 (Anatomy and Physiology II)	_____	_____	_____
BIOL 2230 (Microbiology)	_____	_____	_____
PHYS 1030 (Survey 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 ChSCC transcript attach a copy of the appropriate transcript(s). Note: 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 program 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 courses(s) related to maintaining current knowledge.

Student Signature _____
 Committee Action: Date: _____
 Approved (List any conditions: _____)
 Denied: _____