

CAROLINAS COLLEGE OF HEALTH SCIENCES

Application for General Studies, LPN Transition to ADN, Nursing, Pre-Nursing, Radiologic Technology, and Surgical Technology

Dear Prospective Student:

Welcome to Carolinas College of Health Sciences. We appreciate your interest in our health care programs. Our college offers programs in Medical Laboratory Science, Nursing, Pre-Nursing, LPN transition-to-Associates Degree in Nursing, Radiation Therapy, Radiologic Technology, and Surgical Technology. In addition, we offer a variety of general education and continuing education courses. Please visit our website at www.CarolinasCollege.edu for program specific applications for Medical Laboratory Science, Radiation Therapy and our continuing education courses.

We encourage you to attend one of our information sessions where we discuss the application process, program requirements and an overview of each program we offer. We also discuss possible career interests at the information sessions. Our information sessions are held every second and fourth Tuesday at 4pm. If you are interested in attending an information session, please log-on to our website at www.CarolinasCollege.edu/prospectivestudents or contact us at 704-355-5043 for specific dates. Spaces are limited so reserve your space now.

Admission to all of our health care programs is competitive. Qualified applicants are ranked according to academic history, admissions test scores, and other criteria. See our website for specific admissions criteria. Meeting the minimum requirement does not guarantee you a place in our program; it places you in the selection process. Applicants with the highest academic standards are offered a space.

Please complete the admission application packet and return to:

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

Complete applications must be postmarked by the deadline for each specific program. Your application for that particular program must be complete in order to be considered for admission. Please see your specific program admission requirements and application checklist to ensure you have completed all items by the deadline. (Included in this packet)

The faculty and staff are excited about your interest in our college and our programs. 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

Rhoda Rillorta, MA
Admissions Coordinator
704-355-3243

Nicki Sabourin

Nicki Sabourin, BA
Admissions Representative
704-355-5583

Diana Bell

Diana Bell
Admissions Assistant
704-355-8383



Your future in healthcare begins here

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. Applicants with foreign transcripts are required to present an evaluation of all courses attempted, credit, and grades earned. The college recommends the following sources for international transcript evaluation.

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

If you attended high school or college outside of the United States, a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based) is required.

Contact Information:

TOEFL – www.toefl.org (school code 5130)



CAROLINAS COLLEGE OF HEALTH SCIENCES
General Studies Applicants

Admission Requirements

NOTE: Financial aid is not available for students enrolled in general education classes only and tuition payment will be expected at the time of enrollment.

Step 1

Applications are accepted through the first week of classes. Please complete this admission application and return to:

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

Step 2

Once your application is processed, you will receive a confirmation form verifying your acceptance to the College. This confirmation form will need to be returned along with a \$100 tuition deposit to secure your space.

Step 3

You will receive information via e-mail regarding advising, registration, and online access. This will take approximately one week from the date we receive your confirmation form and tuition deposit.

Step 4

Once you have been provided with online access and have met with an advisor (this can be done electronically or in-person), you can register for courses online. If you are registering for a course that has a pre-requisite, we will require an official transcript verifying completion of this requirement. Be sure to print a copy of your schedule as a receipt of your registration.

Step 5

Once you have registered for classes, you will need to pay your tuition and fees. Your invoice can be found online and payment can be made by contacting the business office at 704-355-5579. Financial aid is not available for students enrolled in general education classes only.

For registration occurring during the two weeks prior to the start of a term, applicants to General Education classes at Carolinas College will use this checklist as a guide for enrollment however much of this process will be expedited and will take place on campus. It is anticipated that completion of all five steps in this process will take approximately one hour. This estimated time may be longer depending on the number of applicants.



CAROLINAS COLLEGE OF HEALTH SCIENCES
Associate of Applied Science in Nursing
LPN to ADN Applicants

Admission Requirements and Application Check Sheet

Below is a checklist to ensure all required documentation is submitted for a complete application.

Summer 2013 Admission: Notification will be mailed by January 22, 2013

All items must be postmarked **by October 5, 2012** for consideration:

- _____ Application and \$50 non-refundable fee
- _____ Official high school transcript and college transcripts from all post- secondary institutions attended
- _____ Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score
- _____ Copy of your current unencumbered LPN license

Contact information if you need to take the SAT or ACT or obtain your test score:

SAT- 609-921-9000 or www.collegeboard.com (school code 6211)

ACT- 319-337-1270 or www.actstudent.org (school code 3056)



CAROLINAS COLLEGE OF HEALTH SCIENCES
Associate of Applied Science in Nursing
Nursing Applicants

Admission Requirements and Application Check Sheet

Below is a checklist to ensure all required documentation is submitted for a complete application.

Fall 2012 Admission: Notification will be mailed March 26, 2012

All items must be postmarked **by February 3, 2012** for consideration:

- _____ Application and \$50 non-refundable fee
- _____ Official high school transcript and college transcripts from all post- secondary institutions attended
- _____ Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

Spring 2013 Admission: Notification will be mailed June 25, 2012

All items must be postmarked **by May 18, 2012** for consideration:

- _____ Application and \$50 non-refundable fee
- _____ Official high school transcript and college transcripts from all post- secondary institutions attended
- _____ Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

Contact information if you need to take the SAT or ACT or obtain your test score:

SAT- 609-921-9000 or www.collegeboard.com (school code 6211)

ACT- 319-337-1270 or www.actstudent.org (school code 3056)



CAROLINAS COLLEGE OF HEALTH SCIENCES
Pre-Nursing Applicants

Admission Requirements and Application Check Sheet

Below is a checklist to ensure all required documentation is submitted for a complete application.

Fall 2012 Admission : Notification will be mailed by March 23, 2012

All items must be postmarked by **February 3, 2012** * for consideration:

- _____ Application and \$50 non-refundable fee
- _____ Official high school transcript and college transcripts from all post– secondary institutions attended
- _____ Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

Spring 2013 Admission: Notification will be mailed by June 25, 2012

All items must be postmarked by **May 18, 2012*** for consideration:

- _____ Application and \$50 non-refundable fee
- _____ Official high school transcript and college transcripts from all post– secondary institutions attended
- _____ Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

Summer 2013 Admission: Notification will be mailed by February 25, 2013

All items must be postmarked by **January 18, 2013*** for consideration:

- _____ Application and \$50 non-refundable fee
- _____ Official high school transcript and college transcripts from all post– secondary institutions attended
- _____ Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

Contact information if you need to take the SAT or ACT or obtain your test score:

SAT- 609-921-9000 or www.collegeboard.com (school code 6211)

ACT- 319-337-1270 or www.actstudent.org (school code 3056)

*** 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.*



CAROLINAS COLLEGE OF HEALTH SCIENCES
Associate of Applied Science
Radiology Technology

Admission Requirements and Application Check Sheet

Below is a checklist to ensure all required documentation is submitted for a complete application.

Fall 2013 Admission: Notification will be mailed upon completion of interviews, unless otherwise notified.

All items must be postmarked **by December 7, 2012** for consideration:

_____ Application and \$50 non-refundable fee

_____ *Official high school transcript and college transcripts from all post- secondary institutions attended

_____ *Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

**If you have a baccalaureate degree you can waive your SAT/ACT test scores or high school transcript*

Fall 2014 Admission: Notification will be mailed upon completion of interviews, unless otherwise notified.

All items must be postmarked **by December 6, 2013** for consideration:

_____ Application and \$50 non-refundable fee

_____ *Official high school transcript and college transcripts from all post- secondary institutions attended

_____ *Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

**If you have a baccalaureate degree you can waive your SAT/ACT test scores or high school transcript.*

Contact information if you need to take the SAT or ACT or obtain your test score:

SAT- 609-921-9000 or www.collegeboard.com (school code 6211)

ACT- 319-337-1270 or www.actstudent.org (school code 3056)



CAROLINAS COLLEGE OF HEALTH SCIENCES
Diploma in Surgical Technology
Surgical Technology Applicants

Admission Requirements and Application Check Sheet

Below is a checklist to ensure all required documentation is submitted for a complete application.

Summer 2013 Admission: Status notification will be mailed November 26, 2012

All items must be postmarked **by October 5, 2012** for consideration:

_____ Application and \$50 non-refundable fee

_____ *Official high school transcript and college transcripts from all post- secondary institutions attended

_____ *+Minimum 900 SAT (combined critical reading and math) or 19 ACT composite score

**If you have a baccalaureate degree you can waive your SAT/ACT test scores or high school transcript*

+You don't have an SAT or ACT Score?

You may schedule to come in and take two in-house tests that we administer in place of the SAT or ACT by calling 704-355-5043 to set-up an appointment.

If you prefer to take one of the national tests here is your contact information:

SAT- 609-921-9000 or www.collegeboard.com (school code 6211)

ACT- 319-337-1270 or www.actstudent.org (school code 3056)



Academic Information

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

Applicants who have previously attended a **nursing program must not have been unsuccessful in two or more nursing courses or unsuccessful in the same nursing course twice.*

- Yes:** _____ **Date of Attendance** _____
Institution attended
- No**

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

*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. You will need to provide official transcripts for each institution listed. Attach an additional page if necessary.*

ONLY RAD Tech
SUR Tech

- I have a baccalaureate degree as indicated above, please waive my SAT/ACT score requirement **OR**
 I have a baccalaureate degree as indicated above, please waive my high school transcript

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

Yes _____ **and/or** _____
Program Year application submitted

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

Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> White | <input type="checkbox"/> 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

For office use only:

Date paid _____ Form of payment _____

Application complete _____ (yes) _____ (no)

If no, date of completion _____

Received by _____

