



TYLER JUNIOR COLLEGE
HEALTH SCIENCE PROGRAMS
ADMISSION APPLICATION

DATE _____

SELECT ONE PROGRAM:

- | | |
|--|---|
| <input type="checkbox"/> Associate Degree Nursing Traditional | <input type="checkbox"/> Medical Transcription |
| <input type="checkbox"/> LVN to ADN Transition | <input type="checkbox"/> Pharmacy Technology |
| <input type="checkbox"/> Both ADN and LVN Transition | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Surgical Technology |
| <input type="checkbox"/> Emergency Medical Service Professions | <input type="checkbox"/> Vision Care Technology |
| <input type="checkbox"/> Health Information Technology | <input type="checkbox"/> Vocational Nurse Education (Day) |
| <input type="checkbox"/> Medical Laboratory Technology | <input type="checkbox"/> Vocational Nurse Education (Evening) |

When do you desire to enter the program? Semester _____ Fall _____ Year _____

APPLICATION MUST BE FILLED OUT COMPLETELY

Personal History

Last Name		First		Middle		Social Security Number		
Home Phone #		Work Phone #		Date of Birth (Optional)		Month	Day	Year
Permanent Address - Number & Street			Apt. #	City		State	Zip	
In District		Out-of-District		County		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person to contact in case of emergency				Work Phone		Home Phone		City

Academic and Testing Information Email address _____

Test Scores: *Attach copy of scores. ACT and THEA/TSI* ***I have applied to the program before:*** NO YES

List former high school, colleges and technical/trade schools attended (attach copy of transcripts and/or GED scores):

- | | | |
|--|------------------------------|-----------------------------|
| Eligible for readmission to college previously attended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible for readmission to Health Science Program previously attended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been registered in schools or colleges under another name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you attended Tyler Junior College? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please list name(s): _____

Work Related Experience

List any program-related work experience (attach documentation of each listed):

Licensure Eligibility Information

1. Most allied health and nursing programs students must be 18 years of age or older in order to participate in direct patient care during clinical rotation and/or licensure qualifications.
2. Students in the health sciences should be eligible to take the licensure or certification examinations for their area of education and/or training. Below are the types of questions that certifying and licensing agencies in the state of Texas and other states may ask. **If your answer to any of these questions would be yes, you may be denied eligibility for state licensure. You should contact the department chair for directions in any of these matters.**
 - a) Have you ever been convicted of or pled guilty to a crime other than minor traffic violations or juvenile offences?
 - b) Have you ever been placed on parole, probation or deferred adjudication for any felony or misdemeanor offense except minor traffic violations and juvenile offences?
 - c) Are you currently engaged in the illegal use or abuse of drugs?
 - d) Are you in default on a student loan?
 - e) Are you in default for child support?

I have read and understand that any of the above conditions could prevent me from becoming licensed in my area of training.

I consent to random drug testing by urinalysis or blood tests to determine substance use and/or abuse.

Signature

Date

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

All applicants will either be rejected or conditionally accepted subject to a qualifying medical examination.

I hereby certify that the statements made by me in this application are true and correct to the best of my knowledge and belief, and hereby grant Tyler Junior College permission to verify such answers. I understand that any false statements on this application for admission may be considered as sufficient cause for rejection of this application and/or dismissal from the health science program and/or the College.

Signature

Date

Tyler Junior College is an equal opportunity institution: Federal law prohibits discrimination in admission practices because of race, color, religion, sex, age, national origin or disability. No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for admission because of his or her race, creed, color, religion, sex, age, national origin or disability.