

APPLICATION FOR THERAPEUTIC AND DIAGNOSTIC SERVICES NURSE AIDE DIPLOMA PROGRAM

Disclaimer: Completing this form does not guarantee entry into the Therapeutic and Diagnostic Services Nurse Aide program. Specific program requirements must be met prior to acceptance.

PERSONAL INFORMATION PLEASE PRINT

Name (First) _____ (Middle Initial) _____ (Last) _____			Student ID#/SSN _____		
Mailing Address _____			City _____	State _____	Zip _____ County _____
Birthdate MM/DD/YY _____	Home Phone _____	Cell Phone _____	Emergency Contact Phone _____	E-Mail Address _____	

EDUCATION/CERTIFICATION/LICENSE

HIGH SCHOOL AND COLLEGE TRANSCRIPTS MUST BE SUBMITTED TO THE GASTON COLLEGE ADMISSIONS OFFICE

Education Level _____ Expected Date of High School Graduation _____ or High School Diploma GED
 Associate Degree Bachelor's Degree Master's Degree or Higher

List other colleges attended: _____

List Degrees/Diploma/Certificates earned: _____

Have you attended Gaston College previously? Yes No If yes, what was your area of study? _____

Have you Completed the Admissions Requirements for Gaston College? *(This is in addition to this application)* Yes No

Have you ever held an occupational license to practice any other professions? Yes No If yes, what license? _____

(Please include all relevant information(i.e. date, state where licensed, name as it appears on license)

CRIMINAL BACKGROUND, URINE DRUG SCREEN, FBI FINGER PRINTING AND DISABILITIES STATEMENT

Clinical agencies that have contracts with Gaston college require criminal background checks, urine drug screen, and FBI fingerprinting prior to entering their facilities. Failure to meet these requirements will subject the student to dismissal from the program. The program will comply with all clinical affiliation agreements. You will be given detailed information and instructions upon program acceptance.

DO YOU HAVE ANY PHYSICAL OR LEARNING DISABILITIES IN WHICH YOU REQUIRE REASONABLE ACCOMMODATIONS?

YES NO IF YES, YOU NEED TO MAKE AN APPOINTMENT WITH THE ADA COORDINATOR IN COUNSELING PRIOR TO TAKING CLASSES

I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation or falsification of information on this application may be cause for rejection of my application or for termination after acceptance into any Therapeutic Massage program.

Applicant Signature **X** _____ Date of Application _____

FOR OFFICE USE ONLY	COMPASS/ASSET: Date _____		File Complete <input type="checkbox"/> Yes <input type="checkbox"/> No Notes _____
	Reading _____	SAT _____ Date _____	Interviewed <input type="checkbox"/> Date: _____
	Writing _____	V _____ M _____	Full Acceptance: <input type="checkbox"/> Conditional Acceptance <input type="checkbox"/> Parallel: <input type="checkbox"/>
	Math(P) _____		Letter Mailed _____ Accepted <input type="checkbox"/> Enrolled <input type="checkbox"/> Declined <input type="checkbox"/>
Math (A) _____			
SCI-090 _____			