

**DAYTONA STATE COLLEGE
SCHOOL OF HEALTH CAREERS & HUMAN SERVICES
PROGRAM APPLICATION**

**You must be admitted to Daytona State College prior to applying to any health career program.
Application submission does not guarantee program acceptance

- Program: Health Information Technology
 Human Services
 Massage Therapy (Certificate)
 Medical Assisting (Certificate)
 Medical Information Coder/Biller (College Certificate)
 Occupational Therapy Assistant **{applications only accepted Jan. 1 – April 30}**
 Physical Therapist Assistant **{applications only accepted Sept. 1 – Sept. 30}**
 Respiratory Care
 Surgical Technology (Certificate)

Please Print Clearly

Name: _____
First Middle Initial Last

Student ID Number: _____

E-Mail _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Number: _____ Alternate Number: _____

Alternate Contact Person (optional): _____ Contact Number: _____

***Please list other colleges that you have attended:**

****PLEASE SUBMIT AN UNOFFICIAL COPY OF YOUR TRANSCRIPT WITH THIS APPLICATION.**

****IF YOU HAVE ATTENDED OTHER COLLEGE'S, OFFICIAL TRANSCRIPTS MUST BE RECEIVED AND EVALUATED BY THE DAYTONA STATE COLLEGE RECORD'S DEPARTMENT.**

****Please be sure to review the selection criteria for the program you are applying for**

Vocational Certificate & A.S. Degree Applicants:

Have you taken the State Required Placement Test - PERT, TABE? ___Yes ___ No ___N/A

Scores: Reading ___ Language ___ Elementary Algebra ___

Test scores and/or qualifying coursework will be checked by an Academic Advisor. Test scores are only valid two (2) years from the test date. Scores must be at the Exit Level for program entry.

The Physical Therapist Assistant Program requires documentation of twenty (20) observation hours to be submitted with this application.

The completed application packet must be submitted to Melissa L. Brown, Academic Advisor, Building 320, Room 549 on the Daytona Campus. Ms. Brown can be contacted at (386) 506-3052 or brownm@daytonastate.edu

Complete applications can also be mailed to:

Daytona State College
Melissa L. Brown, Academic Advisor
College of Health, Human and Public Services
Health Sciences Hall, Building 320 Room 549
P.O. Box 2811
Daytona Beach, FL 32120-2811

I understand that I must meet all general admission requirements of the college. I certify that I have received and read a copy of the current program guide for the program to which I am applying. I understand that I must comply with all requirements, including prerequisite courses, prior to being considered for admission to the program. I also understand that my initial acceptance is provisional.

Signature: _____

Date: _____

After you have been notified of your provisional acceptance from the department, you will be required to submit the following documentation:

Basic Life Support for the Health Care Provider certification from the American Heart Association or the American Red Cross, Completed physical examination, immunization forms, and FDLE/Level II Background Screening, Finger Printing, and Drug Testing are to be received by the **first day of class**.

Daytona State College pledges nondiscrimination, equal access, equal educational opportunity and equal employment opportunity to all persons regardless of race, ethnicity, religion, national origin, age, gender, disability, marital status, ancestry or political affiliation. Our pledge covers recruitment, admission, registration, financial assistance, counseling, advising, course offerings, extracurricular programs, facilities, health services, athletics, employment and its privileges and benefits. For more information about the College's equal access and equal opportunity policies, procedures and practices, call the Director of Institutional Equity at (386) 506-3973.