DAYTONA STATE COLLEGE SCHOOL OF HEALTH CAREERS ADMISSION APPLICATION

You must be admitted to Daytona State College prior to applying to any health career program.

Application submission does not quarantee program acceptance Program: Health Information Management Massage Therapy (Certificate) Medical Assisting (Certificate) Medical Information Coder/Biller (Certificate) Occupational Therapy Assistant {applications only accepted Jan. 1 – April 30} Opticianry (program beginning January 2020) Phlebotomy (Certificate) Physical Therapist Assistant {applications only accepted Sept. 1 – Sept. 30} Respiratory Care Surgical Technology **Please Print Clearly First Middle Initial Name: ____ Student ID or SS Number: E-Mail Mailing Address: City:_____ State: ____ Zip Code: _____ Home Number: _____ Cell 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.

Vocatio	nal Certificat	e & A.S., A.A.S. Degree Appl	icants:			
Have you	u taken the St	ate Required Placement Test	- CPT, TABE?	Yes _	No _	N/A
Scores:	Reading:	Language:	_ Elementary Alo	gebra:		
	-	ualifying coursework will be I for two (2) years. Scores m	_			
with this	application: (areer programs require docum Occupational Therapy Assistar ogram (20) observation hours.	nt Program (10)			
320, Roo		ition packet must be submitted Daytona Campus. Ms. Brown o nastate.edu				
Complete	e applications	can also be mailed to:				
	Melissa L College o Building P.O. Box	State College Brown, Academic Advisor of Health and Public Services of 320 Room 549 2811 Beach, FL 32120-2811				
have recapplying courses	ceived and re g. I understa	ust meet all general admissied a copy of the current prond that I must comply with an g considered for admission provisional.	gram guide for Il requirements	the progra , including	am to whi g prerequ	ich I am iisite
Signatur	e:			Date:		
_		notified of your acceptance documentation:	from the depar	tment, you	ı will be r	equired to
Basic Lif	e Support for	the Health Care Provider certi	fication from the	American	Heart Ass	sociation or

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, and Drug Testing are to be completed and submitted to the Assistant Chairperson 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) 506-3403.