



Dear Prospective Student:

Welcome to Carolinas College of Health Sciences. We appreciate your interest in our health care programs. Our college offers programs in Computed Tomography, Medical Technology, Nursing, Pre-Nursing, Radiation Therapy, Radiologic Technology, and Surgical Technology. In addition, we also offer a variety of general education and continuing education courses. This admission packet is for applicants who are undecided in a health care program or those who wish to be considered for multiple programs. If you are interested in a specific program above, please request an application packet for that program.

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 after 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.CarolinanCollege.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 and admissions test scores. Meeting the minimum requirements does not guarantee an applicant a place in our program; it places an applicant in the selection process. Applicants with the highest academic standards are offered a space.

Please complete the admission application packet and return to:

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

Complete applications must be postmarked by the deadline for each specific program (listed in this packet). Your application packet must be complete in order to be considered. Please see the application checklist to insure you have completed all items by the deadline in which you are requesting admission.

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
Admissions Officer
704-355-3243

Nicki Sabourin

Nicki Sabourin
Admissions Representative
704-355-5583

Diana Bell

Diana Bell
Admissions Assistant
704-355-8383

Carolinas College of Health Sciences

Admission Requirements

Minimum admission requirements for the program must be submitted by the required deadline for consideration. If the application packet is incomplete at the deadline, the application will not be considered in the selection process:

1. Complete the attached application and submit a non-refundable \$50 application fee
2. Submit official high school transcript and college transcripts from all post-secondary institutions (for foreign transcripts see International student below).
SAT or ACT test scores:

Contact information:

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

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

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
Admissions Deadlines and Notification Schedule**

Carolinas College of Health Sciences requires that applicants provide all of their information (transcripts, test scores, application and fee) upon submitting the application. We will only process those applications that are complete upon submission. Applications received after deadlines are considered on a space available basis.

<i>Program</i>	<i>Deadline</i>	<i>Notification Date</i>
Nursing Jan 2012 Nursing Aug 2012	May 20, 2011 February 3, 2012	Late June Late March
Rad Tech Aug 2012	December 2, 2011 Interviews to follow	Late January
Med Tech Jan 2012 Med Tech Aug 2012	June 10, 2011 November 25, 2011	Late July Late February
Surg Tech May 2012 Surg Tech May 2013	October 7, 2011 October 5, 2012	Mid November Mid November
Pre Nursing Jan, May, Aug	Rolling Admission No deadlines	TBD
Nurse Aide	First Come, First Served (Tuition must accompany application)	TBD
Phlebotomy	See brochure for required information session to apply	TBD

Academic Information

1) Have you ever attended a health care program at another institution? No

Yes: _____ Date of Attendance _____
Institution attended

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

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	

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:

- American Indian/Alaskan Native
- Native Hawaiian or other Pacific Islander
- Black or African American
- White
- Asian
- Hispanic
- Two or more races
- Unknown

Date of Birth: ____/____/____ Gender: M F

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 criminal background release form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been accused or convicted of a crime other than a routine traffic violation?
You must notify admissions 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