



ALLIED HEALTH Program Application

PLEASE PRINT OR TYPE ALL ENTRIES:

Name:

_____ Last First Middle

Mailing Address:

_____ PO Box or Street City State Zip Code

Home Telephone: _____

E-mail Address (required) _____

SFCC Student ID#: _____

Work Telephone: _____

Date of Birth: _____

Cell Phone: _____

Email: _____

Emergency Telephone: _____

If applying to more than one Allied Health programs place number in the box below in order of preference.

Nursing

Dental

EMS

Radiography

RN

Hygiene

EMT

Radiography

LPN

Assistant

Paramedic

Transition

Certificate Programs

Phlebotomy

EKG

Medical Assisting

Please list reason(s) for applying to the program(s).

I certify that all information on this application is correct. I understand that it is my responsibility to provide all necessary documentation required to process this application, including proof of residency and official transcripts.

Signature of Applicant

Date



ALLIED HEALTH PROGRAM APPLICATION

Have you ever been found guilty of, or pled guilty or no contest to, any charge other than a minor traffic offense? You must answer relative to all misdemeanors and felonies even if adjudication was withheld.

YES NO

WORK EXPERIENCE – List in Chronological Order:

Employer Address Immediate Supervisor Nature of Work Dates of Employment

Table with 5 columns: Employer, Address, Immediate Supervisor, Nature of Work, Dates of Employment. Multiple empty rows for data entry.

In submitting this application I, _____, give permission for South Florida Community College to contact any of the above listed institutions or persons for letters of reference.

Signature of Applicant

COUNTY OF HIGHLANDS
STATE OF FLORIDA

The foregoing instrument was acknowledged before me this ___ day of ___, 200___, by _____ (check one of the following):

- who is personally known to me; or
who has produced their _____ as identification.
AND (check one of the following):
who did not take an oath; or
who did take an oath

NOTARY PUBLIC, STATE OF FLORIDA

Name
Commission Number
Commission Expiration Date