



Allied Health Application 2020-2021

PLEASE CAREFULLY READ ALL REQUIREMENTS BEFORE SUBMITTING YOUR APPLICATION

2020 Application Deadlines: **Clinical Medical Assisting – Priority: March 26, Final: June 30**
 Health Information Technology – Priority: April 30, Final June 30
 Radiography – June 11
 Surgical Technology – June 11

Thank you for choosing West Virginia Northern Community College to further your education. Below are several items you need to know in order to begin the application process. Incomplete applications cannot be considered.

- A. In order to apply you must:
- ☐ Submit a WVNCC Admissions Application and be accepted into the College for the Fall 2020 semester.
 - ☐ Be eligible to register for college-level English and Math courses with no supplemental coursework needed.
 - ☐ Have official high school and all prior college transcripts sent to WVNCC directly from each institution.
 - ☐ Submit a separate Allied Health Application and \$25 application fee for each desired program.
 - ☐ Include a resume with this application.
- B. Each program has specific selection criteria, timelines, and associated costs. Refer to the Program Webpage at <https://www.wvncc.edu/programs> for details.
- C. Selection of candidates is continuous and **early application is highly recommended**. Missing requirements are communicated to applicants via WVNCC student email. It is the responsibility of the applicant to check this email regularly. Official transcripts should arrive sufficiently prior to the deadline to allow at least 5 business days for processing.
- D. Requirements for selection are minimal and must be met prior to review of the application. The majority of candidates exceed these requirements and, therefore, meeting the minimum criteria does not guarantee acceptance into a program. Selection of the class is at the discretion of program officials and is final.
- E. Candidates must achieve a “C” or better in all program courses and be able to pass a Physical Examination, Background Check, and Drug Screening. Details will be provided upon acceptance.
- F. Students are responsible for all financial obligations required in the application process and program that include, but are not limited to, tuition and fees, transportation, meals, physical exams, drug testing, background checks, uniforms, supplies, textbooks, course and testing fees. **Applicants must be prepared to pay a \$200 deposit at the time of acceptance to reserve a spot in their program of choice; this non-refundable payment is applied toward the student’s program expenses for the Fall 2020 semester.**

IMPORTANT: *If you have ever been convicted of a felony or misdemeanor for any reason, state and national credentialing boards, licensing boards, and other agencies which require criminal background checks on potential employees and students may deny you employment or placement in certain settings, even if you have completed all academic requirements.*

Please contact the Program Director if you have any questions.

For additional information please:

Visit our website at www.wvncc.edu

Contact the Admissions Office at 304-214-8841 or wvnccadmissions@wvncc.edu

Contact the appropriate Program Director:

Clinical Medical Assisting	Michele Watson	304-214-8894	mwatson@wvncc.edu
Health Information Technology	Deborah Cresap	304-214-8858	dcresap@wvncc.edu
Radiography	Misty Kahl	304-214-8899	mkahl@wvncc.edu
Surgical Technology	Tami Pitcher	304-214-8878	tpitcher@wvncc.edu

To the best knowledge of the West Virginia Northern Community College staff, information contained in this publication was correct at the time it was distributed. However, this publication should not be considered in any way to constitute a contract between West Virginia Northern and any student. West Virginia Northern reserves the right to make changes in tuition, fees, admissions regulations, schedules, or curricula without prior notice or obligation.

West Virginia Northern Community College, pursuant to the requirements of Titles IV, VI, VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, does not discriminate against applicants, employees, or students on the basis of race, color, religion, sex, disability, age, gender, ancestry, marital or parental status or national origin in its employment policies and/or educational programs or activities, including admissions to such.

Inquiries concerning this rule should be directed to Chief Human Resource Officer Peggy Carmichael, who is designated coordinator for Title IX and Section 504, at 304-214-8901, Room 119B, B&O Building, Wheeling campus or email pcarmichael@wvncc.edu.
Revised: September 19, 2019

West Virginia Northern Community College
Fall 2020 Allied Health Application
Make a copy of this application for your records and return this part of the application only.

FOR OFFICE USE

Date Received _____

Receipt # _____

Name _____
Last First Middle Initial (Former Name)

WVNCC Student ID # _____

Mailing Address _____

City, State, and Zip Code _____ County _____

Preferred Phone _____ Northern Email _____@mail.wvncc.edu

INSTRUCTIONS:

- 1. Select the program and campus where you wish to begin your program courses.**

Program	Campus
Clinical Medical Assistant	<input type="checkbox"/> Wheeling Only
Health Information Technology	<input type="checkbox"/> Wheeling Only
Radiography	<input type="checkbox"/> Wheeling Only
Surgical Technology	<input type="checkbox"/> Wheeling <input type="checkbox"/> Weirton

- 2. Attach a current resume.**

- 3. Initial here:** _____ I understand that missing requirements will be communicated to me through WVNCC email ONLY and that I am responsible for checking this account regularly.

Initial here: _____ I understand that a \$200 deposit will be required at the time of acceptance in order to reserve my spot in the program and that I may not be allowed to register or attend program orientation if the deposit is not paid by the deadline provided in my acceptance letter.

- 4. Read and sign the two statements below.**

I have read and understand the information provided in this application and verify that all information provided is true, correct and complete. I realize that any false or misleading information on this application will be grounds for denial of admission or dismissal from the program.

Signature of Applicant

Date

West Virginia Northern Community College seeks to ensure the privacy of all student records. In order to efficiently and accurately maintain these records, it may be necessary to disclose personal identifiable information. Applicants are asked to voluntarily sign this acknowledgement and consent.

I hereby authorize West Virginia Northern Community College to release personal identifiable information pertaining to me that is contained in the educational records maintained by the college and clinical sites at the time of this application and thereafter for the purpose of my application for admission, assessment, registration for courses, and other appropriate purposes.

Signature of Applicant

Date

A NON-REFUNDABLE Application Fee of \$25.00 must accompany this application.

Incomplete applications cannot be processed. Separate applications and fees must be submitted for EACH desired Allied Health program. Applications received after the deadline may be considered at the discretion of the Program Director. Submit the application, fee, and all required documents to: West Virginia Northern Community College, c/o Service Center, 1704 Market Street, Wheeling, WV 26003

Make checks payable to **West Virginia Northern Community College.**