TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
McMINNVILLE

241 Vo-Tech Drive
McMinnville, TN 37110
(931) 473-5587
FAX (931) 473-6380
FAX (931) 473-3275
www.tcatmcminnville.edu

ALLIED HEALTH
APPLICATION FOR ENROLLMENT

PLEASE PRINT ALL INFORMATION

NOTICE: Your application for enrollment is not complete until you have provided an official high school/GED transcript and proof of MMR, Varicella, and Hepatitis B immunizations. Applicants must also complete prerequisite classes in Anatomy & Physiology and Dosage Calculation Math.

Please indicate the program you would like to take:

☐ Hybrid Practical Nursing
☐ Practical Nursing

LAST NAME:	FIRST NAME:	MIDDLE:	MAIDEN:

SOCIAL SECURITY NUMBER: ☐☐☐-☐☐-☐☐☐☐

STREET ADDRESS/ROUTE/P. O. BOX:

CITY:	STATE:	ZIP:	COUNTY:

EMAIL ADDRESS:

HOME PHONE:	CELL PHONE:	EMERGENCY PHONE:	WORK PHONE:
( )	( )	( )	( )

DATE OF BIRTH:	PLACE OF BIRTH:
☐☐/☐☐/☐☐☐☐ Month Date Year	City: State:

INDICATE THE HIGHEST LEVEL OF YOUR EDUCATION (X)

☐ High School Diploma ☐ GED ☐ Some College or Other Training ☐ College Graduate

HIGH SCHOOL ATTENDED:	CITY:	STATE:	LAST DATE ATTENDED OR GRADUATION DATE

List any high school math, science & health courses taken:

COLLEGE OR VOCATIONAL SCHOOL:	CITY:	STATE:	LAST DATE ATTENDED OR GRADUATION DATE

List courses taken:

OTHER TRAINING:

EMPLOYMENT HISTORY

List all present and past employment, beginning with your most recent. Attach additional sheets, if necessary.

Name of Employer:	
Address:	
Supervisor:	**Type of Business:**
Dates of Employment: From	To
Title/Position:	
Staring Salary:	**Ending Salary:**
Hours worked per week:	**Number of employees supervised:**
Reason for Leaving:	
Responsibilities and Duties:	

Name of Employer:	
Address:	
Supervisor:	**Type of Business:**
Dates of Employment: From	To
Title/Position:	
Staring Salary:	**Ending Salary:**
Hours worked per week:	**Number of employees supervised:**
Reason for Leaving:	
Responsibilities and Duties:	

Name of Employer:	
Address:	
Supervisor:	**Type of Business:**
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Title/Position:	
Staring Salary:	**Ending Salary:**
Hours worked per week:	**Number of employees supervised:**
Reason for Leaving:	
Responsibilities and Duties:	

Have you had any health occupations experience? ☐ Yes ☐ No
If yes, explain:
Where:
Type of work:
Dates:
Have you ever been accused of patient abuse? ☐ Yes ☐No **If yes, on back of this application describe situation, give dates, location, etc.**
Does your name appear on the "Abuse Registry" in Tennessee or any other state? ☐ Yes ☐ No
Have you ever been convicted of anything other than a minor traffic violation? ☐ Yes ☐ No
Are you currently incarcerated? ☐ Yes ☐ No

REFERENCES

Persons with no work history may provide character references (relatives are not acceptable as references)

NAME	ADDRESS	PHONE

Are you a U. S. citizen? ☐ Yes ☐ No	**If no, are you a permanent resident of the U.S.?** ☐ Yes ☐ No Country of Origin: Alien Registration Number:
Are you eligible to register for the Federal Draft? ☐ Yes ☐ No	**If yes, have you registered?** ☐ Yes ☐ No
☐I have completed a current FAFSA ☐I will complete a current FAFSA ☐I have made other financial plans	
When will you be available to begin training? (The date you list does not guarantee your entrance on that date.)	

Briefly explain why you want to be in our Allied Health program and why you want to become a health care professional

The facts set forth in this application are true and complete. I understand that falsification of information could result in disqualification or termination from the program.

_____ _____

Signature of Applicant **Date**

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Immunization Requirements for Allied Health Students

Who is required to be immunized?

Full-time students enrolling in higher education institutions (post-secondary) for the first time (excluding online students)

Check the statement below each item that describes your method for meeting each requirement.

Measles, mumps and rubella (MMR)

Proof of immunity to measles, mumps and rubella may be provided by meeting one of the following criteria:

☐ Documentation of 2 doses vaccine against measles, mumps and rubella given at least 28 days apart
☐ Documentation of blood test (serology) showing immunity to measles, mumps and rubella

Varicella (chickenpox)

Proof of immunity to varicella (chickenpox) is required by meeting one of the following criteria:

☐ Documentation of 2 doses of varicella vaccine given at least 28 days apart
☐ Documentation of blood test (serology) showing immunity to varicella

Hepatitis B

Proof of immunity to hepatitis B for allied health students prior to patient care duties may be documented in one of the following ways:

☐ Documentation of 3 doses of hepatitis B vaccine
☐ Documentation of blood test (serology) showing immunity to hepatitis B virus (or infection)

Valid exemptions to requirements

- Medical: Physician or health department indicates that certain vaccines are medically exempted (because of risk of harm). Any vaccines not exempted remain required.
- Religious: Requires a signed statement by the student that vaccination conflicts with his/her religious tenets/practices.

Note: A medical or religious exemption may prevent an allied health student from participating in clinical training at health care facilities where immunizations are required prior to patient contact.

Students who need 2 doses of vaccine, but cannot get both doses before classes start

Such students may enroll with documentation of one dose of each required vaccine, but are required to provide proof of receipt of the second dose during the first trimester of enrollment.

Location of immunization records

Adults who have difficulty locating childhood immunization records should check with family members who may have copies of childhood records or contact the original immunization provider. Schools may have copies of immunization certificates in student files. If records cannot be located, vaccination is recommended – additional doses of vaccine are not harmful.

Print Student Name	Signature	SSN/Date

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Complete this form and mail it to your high school or contact the GED center for your state. (If you received a HiSET or GED in the state of Tennessee, go to www.DiplomaSender.com or call 855-313-5799 to order your transcript.) Please check with your school to see if you need to include payment with your request.

Check one: I received a ☐high school diploma ☐GED

REQUEST FOR OFFICIAL TRANSCRIPT

Date _____

High School
or GED center: _____

Address: _____

_____

Please mail a complete official copy of my transcript to:

Tennessee College of Applied Technology - McMinnville
Attn: Student Records
241 Vo-Tech Drive
McMinnville, TN 37110

Student's name
(as it appears on record): _____

Student's current address: _____

_____

Social Security Number: _____

Date of Birth: _____

Year last attended: _____

Signature: _____