

APPLICATION FORM FOR POST-SECONDARY HEALTH RELATED PROGRAMS

Cape Girardeau Career & Technology Center

1080 South Silver Springs Road

Cape Girardeau, MO 63703

Phone: 573.334.0826

Fax: 573.334.5930

Web Page: www.capectc.org

**A \$20.00 non-refundable application fee must accompany the completed application form.
PLEASE MAKE CHECKS PAYABLE TO "ADULT EDUCATION"**

Check box for program to which you are applying

Respiratory Therapy

1-Year Day Practical Nursing

Paramedic

2-Year Evening Practical Nursing

Physical Therapist Assistant

PLEASE PRINT CLEARLY

NAME

Last First Middle All Previous Legal Last Name(s) / / Today's Date

PRESENT ADDRESS

Street/Box/Route Apt. # City State Zip Code

Social Security Number _____ - _____ - _____ D.O.B. _____

Home phone #: (_____) _____

Work phone #: (_____) _____

Cell phone #: (_____) _____

E-mail address where you can be reached: _____

ADDITIONAL INFORMATION

Please note that final acceptance into any of the health-related programs is contingent upon a criminal background check. If an individual has been convicted of a felony, s/he shall appear before a Review Committee. At this meeting, the applicant shall provide certified copies of court documents (i.e. docket sheet, complaint, and final disposition) and a written notarized statement fully describing the event(s) in question. It is the decision of the Review Committee as to whether or not this individual can participate in clinical experiences at designated health care institutions. If the committee's decision is "No, this individual cannot participate in direct hands-on patient care," then the applicant will not be allowed to enter the designated health-related program. The cost related to the criminal background check will vary from student-to-student. A minimum fee of \$64.75 (it may be significantly higher depending upon the states that must be checked) must be anticipated.

For information concerning financial assistance, contact Financial Aid Officers of the Cape Girardeau Career Center, 1080 South Silver Springs Road, Cape Girardeau, MO 63703, 573.334.0826

Please note that successful completion of any of these programs does not guarantee eligibility to take the appropriate licensing/credentialing examination. Any person convicted of a drug/alcohol/violent offense may be prohibited from being licensed by the State of Missouri. Please contact the Program Director/Administrator for further information. A background check may be mandatory in certain programs.

PTA Accreditation Status

The physical therapist assistant program at Cape Girardeau Career & Technology Center/Mineral Area College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

American with Disabilities Act of 1990

If you have special needs as addressed by ADA, please discuss this with your instructor at enrollment. Reasonable efforts will be made to accommodate your special needs.

Notice of Non-Discrimination

The Cape Girardeau Public School System is committed to the concept of equal opportunity for all individuals, regardless of race, color, national origin, sex, or handicap as defined by Section 504, P.L. 93-112, in its employment procedures and in its operation of educational programs and activities. The Cape Girardeau Public School System is required by Title IX of the Educational Amendments, Public Law 93-318 not to discriminate on the basis of sex in above mentioned areas. Persons who feel they have been discriminated against in violation of this policy may appeal to the Compliance Official responsible at 301 North Clark Avenue, Cape Girardeau, Missouri 63701, telephone 573.335.1867.

High school graduate? Yes No

_____ Name of High School _____

City _____

State _____

Passed GED exam? Yes No

GED Cert. # _____

State Issued: _____

Date Issued: _____

If transcript(s) is/are under another name, please indicate name(s) here: _____

Schools	Name of School	City & State	Grade Completed	Date Completed	Degree
High School					
Business, Trade or Correspondence School					
College – Undergraduate					
College – Graduate					
Nursing School					
Other					

Have you ever attended any type of health related educational programs? Yes No

H.S. Health Occupations

CNA

CMT

EMT

Paramedic

Respiratory Therapy

Professional Nursing

PTA

OTA

PT

Speech Therapy

Name of School _____

Location _____

Date Completed: _____

Did not complete because _____

EMPLOYMENT HISTORY & WORK REFERENCES

Starting with your present or latest employer, list your employment record as completely as possible. **If previously employed under another name or maiden name, please indicate.**

<i>Dates of Employment</i>	<i>Place of Employment</i>
From: _____ To: _____ <input type="checkbox"/> Presently employed here	Employer: _____ Address: _____ Phone #: (_____) _____ Supervisor=s Name: _____ Position Held: _____ Other name used while employed here: _____
From: _____ To: _____ <input type="checkbox"/> Presently employed here	Employer: _____ Address: _____ Phone #: (_____) _____ Supervisor=s Name: _____ Position Held: _____ Other name used while employed here: _____
From: _____ To: _____ <input type="checkbox"/> Presently employed here	Employer: _____ Address: _____ Phone #: (_____) _____ Supervisor=s Name: _____ Position Held: _____ Other name used while employed here: _____

I give my permission to the Program Director/Administrator to check my work references. Yes No

If your response is "NO", please explain: _____

*** Applicant's Signature:** _____ **Date:** _____

* The applicant's signature indicates that the information contained on this form is correct and gives permission to the Cape Girardeau Career and Technology Center to request, obtain, and distribute information to other interdepartmental agencies. False statements or answers on this application form could result in dismissal from the program.

Obligation for Payment

Registration constitutes a financial contract between students and the school. Students are ultimately responsible for payment of amounts owed to the school, including instances where anticipated financial aid becomes unavailable. If students do not make payments of amounts owed to the school when they become due, the school has the right to cancel students' registration; to withhold their grades, transcripts, diplomas, certificates, and to refuse admittance to final exams.