



APPLICATION TO ALLIED HEALTH CAREERS

****Please Print Clearly

NAME _____

VSCC ID # _____ BIRTH DATE ____/____/____

VSCC EMAIL _____

ALTERNATE EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____ CELL _____

HAVE YOU ATTENDED COLLEGE PREVIOUSLY? (circle one) YES NO
IF YES, PLEASE LIST COLLEGE OR UNIVERSITY AND DEGREE OR MAJOR AREA

1. _____/_____

2. _____/_____

SIGNATURE _____ DATE _____

*signature, email address and date MUST be included upon submission of application

ANTICIPATED AREA OF STUDY (check one on each application)

- ___ DENTAL ASSISTANT ___ MEDICAL LABORATORY TECHNICIAN
___ DIAGNOSTIC MEDICAL SONOGRAPHY ___ OPHTHALMIC MEDICAL TECHNICIAN
___ EMT (Basic or Paramedic) ___ *PHYSICAL THERAPIST ASSISTANT
___ FIRE SCIENCE TECHNOLOGY ___ RESPIRATORY CARE TECHNOLOGY
___ *HEALTH INFORMATION TECHNOLOGY ___ RADIOLOGIC TECHNOLOGIST
___ HISTOTECHNOLOGY ___ SLEEP DIAGNOSTICS TECHNOLOGY

*Additional application required in Spring Semester of screening

PLEASE RETURN COMPLETED PROGRAM APPLICATION TO:
Volunteer State Community College
ALLIED HEALTH DIVISION
1480 Nashville, Pike
Gallatin, Tennessee 37066-3188