

The student is responsible for submitting this form to the Admissions Office as stipulated by the admissions option he/she is pursuing (see below). Failure to do so will result in a delay in program entry.

(Please Print) Name: _____ Student LID: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Lakeland Email Address: _____

PLEASE NOTE

YOU WILL BE EMAILED YOUR ACCEPTANCE LETTER THROUGH YOUR LAKELAND EMAIL ACCOUNT. YOU WILL ALSO BE EMAILED IF THERE ARE ANY PROBLEMS.

Nursing or allied health program that I am applying to (CHECK ONE BOX PER APPLICATION)

- dental hygiene (2.5)
 surgical technology (2.5)
 histotechnology (2.5)
 medical laboratory technology (2.5)
 radiologic technology (2.5)
 health information management technology (2.5)
 respiratory therapy (2.5)

If applying for **surgical technology** you must contact Janice Lawrenz at 440.525.7016 to schedule an appointment. _____
Signature of Director

If applying for **dental hygiene** you must contact Jennifer Barr at 440.525.7190 to schedule an appointment. _____
Signature of Director

PLEASE NOTE

YOU MUST MEET THE PREREQUISITE PROGRAM GRADE POINT AVERAGE (GPA) LISTED ABOVE AS WELL AS A CUMULATIVE GRADE POINT AVERAGE (GPA) OF A 2.0. YOU MUST ALSO MAINTAIN A CUMULATIVE GPA OF A 2.0 WHILE YOU ARE ON THE WAITING LIST.

Students who wish to enter an allied health or nursing program must meet the criteria of one of the following three options. Applicants who have completed all the requirements for admission will be accepted on a space-available basis. If completion of the criteria occurs after the incoming class is filled, students will be admitted into the next available class.

**PLEASE CHECK THE APPROPRIATE ADMISSIONS OPTION
IF YOU ARE A CURRENT PSEO STUDENT CHECK THIS BOX AS WELL.**

OPTION 1: HIGH SCHOOL OPTION

Student should submit this form at the time of application to Lakeland Community College. This option is for current high school seniors and high school graduates who apply to the program within two years of high school graduation. Student must have all of the following:

- A. A composite score on the American College Test (ACT) of 21 or higher or a combined Scholastic Aptitude Test (SAT) score of 1400 or higher.
- B. Place into MATH 1330 Statistics for Health Sciences or higher or complete MATH 0950 Intermediate Algebra.
- C. Completion of high school algebra, chemistry and biology with a grade of "C" or higher.
- D. An overall high school GPA of 2.5 or above on a 4.0 scale or equivalent.
- E. An official copy of your high school transcript at the time of application and again, once graduated, if still in high school.

PLEASE NOTE

STUDENTS USING OPTION 1 MUST COMPLETE HLTH 1215 (Medical Terminology) with a grade of "C" or higher prior to enrolling in their first health technology course.

OPTION 2: COLLEGE OPTION

Students pursuing this option should submit this form **AFTER SUCCESSFUL COMPLETION OF PRE-ADMISSION ENTRANCE TEST AND COMPLETION OF MANDATORY PREREQUISITE COURSES**. The following courses must be completed with program specific GPA requirements. Incomplete applications will not be accepted.

Mandatory Prerequisites:

- *BIOL 2210 Anatomy and Physiology I: grade _____
- HLTH 1215 Medical Terminology I: grade _____
- Math Requirement: Placed into MATH 1330 or higher or successfully completed MATH 0850
- Health Technologies Pre-Admission Entrance Test: Date Completed: _____
- An official copy of your high school transcript with the graduation date on it or a copy of your General Educational Development (GED). (Must be submitted to the Admissions Office) Verified with Admissions (Y/N): _____

*BIOL 2210 has the prerequisite of BIOL 1200 or BIOL 1510, or high school chemistry or CHEM 1100 and high school biology in the last five years.

OPTION 3: ADVANCED EDUCATION OPTION

Students pursuing this option must have an associate of applied science degree in nursing or allied health, bachelor degree in any major or an associate of science degree to be waived from the preadmission testing. All other option 2 requirements apply.

IMPORTANT NOTICE

PLEASE BE AWARE THAT ALL STUDENTS ENROLLED IN A NURSING AND/OR ANY ALLIED HEALTH PROGRAM/CERTIFICATE MUST COMPLETE A CRIMINAL BACKGROUND CHECK. STUDENTS WITH A CRIMINAL RECORD MAY BE INELIGIBLE TO PARTICIPATE IN A CLINICAL COURSE/ ROTATION/PRACTICUM, RECEIVE A PROFESSIONAL LICENSURE/REGISTRATION, OR OBTAIN EMPLOYMENT IN THE HEALTH FIELD.

Student Signature: _____ Date: _____