Skagit Valley College
Allied Health Program Application

Entering Quarter/Year: Summer ___ Fall ____Winter_____Spring ____

Program Intent: (check one)
AAS Medical Assistant_____ Pharmacy Technician Certificate_____ Medical Billing and Coding Specialist Certificate_____ Veterinary Assistant Certificate____ Veterinary Fundamentals Certificate_____ Dental Assistant Bridge Certificate____ Dental Foundations Certificate____

About you: Student ID Number_____

Name: _____
Last First Middle Previous Last Name

Address: _____
Street City State Zip

Phone: (_____)_____-_____ Alternate: (_____)_____-_____
Cell or Landline Cell or Landline

Birthday: _____/_____/_____ Gender_____ Emergency Contact:_____
mm dd yyyy Name Phone

Instructions: You will be required to submit documentation of immunizations to the Allied Health Office**.** Documentation consists of a signed and dated record of the immunizations administered by your health care provider or facility regarding each immunization. Documentation of the following immunizations must be on file with the Allied Health Department.

Immunizations	Documentation
Tetanus/Diphtheria/Pertussis (Tdap)	A one-time dose of Tdap to adults younger than 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters. If unvaccinated, 3 doses are required.
Varicella (Chicken pox)	Illness/titer/or1st and 2nd Immunizations. For Persons who do not have a reliable history of clinical varicella, either a positive serology or two doses of Varicella vaccine 4 weeks apart is recommended.
Hepatitis B (Hep B) First two of series must be complete **prior** to enrolling in certain clinical courses.	3 doses or positive Titer Proof
Measles/Mumps/Rubella (MMR)	2 doses given at least 30 days apart or positive titer proof. **If born before 1957 must have 2nd dose completed recently or Positive Titer Proof**
Tuberculosis Skin Test (PPD) Required **prior** to enrolling in practicum courses	Tuberculin skin test (Mantoux method) of a Positive Protein Derivative or PPD must be repeated every 12 months. If the results of your PPD are negative then annual follow up is ALL that is required. If the results of your PPD are positive documentation of appropriate follow up is required (Physician or Health Department letter stating negative chest x-ray or completed therapy)
Influenza	Current year vaccination required before enrollment in last quarter of program for practicum courses.
Background check and Drug Screen requirement	
All applicants must complete a multiple state, multiple zip code criminal background check and drug screen/illegal substance check. **This is a requirement of AHE 103**.Students must also complete a 2nd drug screen/illegal substance check prior to registering for practicum.	

RETURN TO: **Allied Health, 2405 E. College Way, Mount Vernon, WA 98273**

Review the following statement and sign below:

1. I have reviewed the information presented on this form and I declare that it is correct as stated.
2. I have reviewed the immunization requirements and drug and background check listed above. I understand that I am responsible for providing this documentation to the Allied Health Program Assistant by the required dates.
3. I request and authorize the Allied Health Program to obtain on my behalf the information needed for entry into and completion of the Allied Health Program.
4. I am aware and agree that this information may be shared with the clinical sites as a requirement of the program.
5. I understand that having a criminal record may limit my ability to pursue a career in health care.
6. I am aware that the Allied Health Student handbook is available on the Skagit Valley College website.
7. In order to complete my clinical externship, I am aware that I may have to travel at my own expense to my assigned site. I also acknowledge it is Skagit Valley College's responsibility to secure an appropriate clinical site for me.
8. I am aware that the clinical externship requires unpaid hours and that I am expected to be available Monday through Saturday, up to 8 hours per clinical day.

Signature: _____ **Date:** _____

Health Sciences Counter, Angst Hall 1st Floor
Phone: (360) 416-7933; Fax: (360) 416-6599