	Please write clearly, press firmly and be sure to complete all sections of the application. IDENTIFYING INFORMATION					
CCAC						
	Last Name	First Name		Middle Initial		
ALLIED HEALTH PROGRAMS APPLICATION FORM	Street Address					
Application for:						
Fall Year Spring Year	City	State		Zip +4	}	
Spring Year Student ID	Home Phone	Cell Phone				
Student 15	E-mail Address					
DEMOGRAPHIC IN	IFORMATIO	N (For Statistical Purposes On	ly; Not Used	to Determine A	dmission)	
Date of Birth			Male		,	
Residency Status: Allegheny County	Out-o	f-County County	Out-of-Sta	ate State		
Ethnicity and Race: Hispanic/Latino					5	
Select all that apply: American/Alaskan	_	Black or African American Native		Islander White	Other	
ALL EQUENIX CAMBU		GRAM INFORMATION (Che	eck One)	COLUTIA	CAMBLIC	
ALLEGHENY CAMPU		BOYCE CAMPUS CAT – Computed Axial Tomography/C	Certificate N	SOUTH (MDA – Medical Assist		
☐ DIT– Dietary Manager/Certificate		CST - Central Service Technician/Certificate		☐Diploma		
☐ HIT – Health Information Technology/Associate Degree		DMS – Diagnostic Medical Sonographer Gertificate		☐Associate Degree ☐MLT – Medical Laboratory Technician/		
MAS - Massage Therapy		Associate Degree		Associate Degree		
☐Certificate ☐Associate Degree						
☐MIS – Medical Insurance Specialist/Certificate		□OTA – Occupational Therapy Assistant/		PHT - Pharmacy Technician		
NMT – Nuclear Medicine Technology Gertificate			Associate Degree Certificate			
Associate Degree		□PTA – Physical Therapist Assistant/Associate Degree		Associate Degree		
RES – Respiratory Therapy/Associate RTT – Radiation Therapy Technolog	RES – Respiratory Therapy/Associate Degree		ate Degree	BRADDOCK HILLS CENTER		
Certificate	gy	SUR – Surgical Technologist Certificate		□PHB – Phlebotomist/Certificate		
Associate Degree		Associate Degree				
	E	□Operating Room Nurse/Certificate DUCATIONAL INFORMAT	ION			
HIGH SCHOOL:		POST SECONDARY:				
Current High School Senior		Current CCAC Student/Campus		Previous CCAC Student/Campus		
☐High School Graduate/Year ☐GED		Previous Student/Other College	Ц	College Graduate		
High School City	State	Name of School Prog	gram	Year(s)	Degree or Diploma	
High School Science Courses Taken in						
☐ Biology With Lab ☐ Physics	☐ Chemistry					
Biology With East		MPORTANT INFORMATIO	ON			
		re pre-drug testing. Results of this testing may				
		nts to show evidence of Pennsylvania Child A ing for certain clinical sites. All of the above to				
student.	admission to a health	career program, he/she may not meet requisit	re clearance of noten	tial employers and the I	icensure or certification	
requirements of the discipline.	acmission to a nearth		e cicarance of potent	nai empioyers and the n	recusure of certification	
		VERIFICATION				
I attest that the information on this application dismissal or termination from the program.	on is correct to the be	st of my knowledge. Any falsification or misre	epresentation of any i	antormation will be suff	icient grounds for my	
Applicant's Signature				Date		
		ight to change requirements fo				
		based upon race, color, religion, national ial status, veteran status, age, or use of a g				
physical disability of any individual. Questions may be emailed to diversity@ccac.edu.						
Statement of Accessibility: The Community College of Allegheny County makes every effort to provide accessible facilities and programs for individuals with disabilities. For accommodations, please contact the Office of Supportive Services at your campus.						
This publication is available in alternative for White—Program Director	mats. Call the Support		Piok And	plicant retains for own 1	records	
ALH Application Revised 3/18/2010	T CII	оч Бераниен Сору	T fire- App	pheant retains for Owli I	- CCOIGO	