

**Florida State College at Jacksonville
Histologic Technology Program
Application for Admission**

Term/year you plan to begin () Fall 2016 () Fall 2017

Application Deadline: May 1st

Personal Information
PLEASE TYPE OR PRINT CLEARLY IN INK

Give exact legal and full name

Last Name

First Name

Middle Initial

Maiden Name

Present Mailing Address: _____

Street address

Apt. #

City

State

Zip

Permanent Legal Address: _____

Street address

Apt. #

City

State

Zip

Phone Number _____

Home

Work

Cell (optional)

Email address _____

Country of Citizenship _____

Date of Birth _____ (optional) Birthplace _____

*Sex () Male () Female

*Race () Black (Not of Hispanic Origin) () White
() American Indian or Alaskan () Hispanic
() Asian or Pacific Islander () Other

*The only use of this information is to submit data as requested by the State and Federal Governments.

**Social Security Number _____

**In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security number (SSN) for record identification, and state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security numbers are protected by federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social security numbers at fscj.edu/ssn

Person to be notified in case of an emergency:

Name _____ Address _____

Work Phone _____ Home Phone _____

Computer Skills/Access

Please check all that you have or have access to:

- Word processing skills
- Desktop computer
 - 386 486 Pentium Macintosh
- CD-ROM drive
- Internet access
 - Specify browser and version (if known) _____
 - Identify Internet Service Provider (ISP) _____
- Modem
 - Specify speed (if known) _____
- Email address

Geographical Information

Which college/university is the closest to your place of residence? _____

List your top three preferences for possible clinical practicum sites in your geographical vicinity:

Do not make contact with these facilities personally; that is the responsibility of the program.

Facility	Location	Contact Person/Title (if known)	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you color blind? Yes No

Have you been adjudged mentally or physically incompetent? Yes No

Have you ever been convicted of a felony or a crime involving moral turpitude? Yes No

Have you ever been dismissed or terminated from a medical facility or laboratory? Yes No

If yes name of institution and reasons: _____

Previous Education

High School _____

Name	City	State
GED® Issuing Agency _____	_____	_____
_____	_____	_____

Colleges or Other Training Institutions Attended (in sequential order)

College/Institution Name	Dates Attended (from/to)	Major/Degree	Grade Pt. and Hours Earned	Unofficial Transcript Enclosed	Official Transcript Sent to Registrar
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Were you in the Armed Forces? No Yes Branch _____

In High School, did you take? Chemistry Algebra II Advanced Biology

Previous Work Experience

Do you have previous Histologic work experience? Yes No

If you answered no, list any work experience that you feel is related to Histologic technology and explain:

If you answered yes, list number of years, location(s) and check competencies:

Number of years _____

List locations

- grossing
- routine microtomy
- processing
- frozen sections
- embedding
- special stains
- routine stains
- electron microscopy
- flow cytometry
- immunohistochemistry
- other: please list

Are you seeking credit for prior experience toward the A.S. HT?

Yes No

Important

A copy of High School Diploma or GED® Certificate and any college transcripts must be submitted to the HT Office.

Signature _____

Date _____

Please mail completed application to

Histologic Technology Program
Florida State College at Jacksonville
North Campus, Room A224
4501 Capper Road
Jacksonville, FL 32218

Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, or genetic information in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.

Florida State College at Jacksonville is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the baccalaureate and associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call (404) 679-4500 for questions about the accreditation of Florida State College at Jacksonville. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non-compliance with a requirement or standard.

The Histologic Technology program is nationally accredited by the *National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)* 5600 N. River Rd., Suite 720 Rosemont, IL 60018-5119 * 847.939.3597 * 773.714.8880 * 773.714.8886 (FAX)