

Dept Use Only
Date Received: _____

APPLICATION FOR ADMISSION TO HISTOLOGIC TECHNOLOGY

Check term/year you plan to begin: () Fall, 08 () Fall, 09 () Fall, 10

Social Security #: _____

Personal Information (please type or print in ink)

Last Name:		First Name:	Middle Init:
Present Mailing Address	Street, PO Box	City State, Zip	Home Phone #
Permanent Address (if different than above)	Street, PO Box	City State, Zip	Phone #
Birthdate (Month, Day, year)		Country of Citizenship	
E-mail Address		Cell phone or work phone	

The information below is requested to submit data as requested by the State and Federal Governments.

Sex: () Male () Female

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

Person to be notified in case of an emergency:

Name: _____ Address: _____

Phone: Work: _____ Home: _____

COMPUTER SKILLS/ACCESS

In order to be admitted to this program you must have access to the internet.

Where will you access the internet? _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION COLLEGE IN EDUCATION AND EMPLOYMENT

PREVIOUS EDUCATION

High School (Name & Location): _____

City & State: _____

OR

GED issuing agency: _____ City/State: _____

COLLEGES OR OTHER TRAINING INSTITUTIONS ATTENDED (sequential order please)

College/Institution Name	Dates From/To	Major Degree	Grade Pt & Hours earned	Unofficial Transcript Enclosed	Official Transcript Sent to Registrar

Are you Color Blind? () Yes () No

Have you been adjudged mentally or physically incompetent? _____

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

Were you in the Armed Forces? () Yes () No Branch: _____

In High School did you take? Chemistry ____ Algebra II ____ Adv. Biology ____

***IMPORTANT: A copy of High School Diploma or GED Certificate and any college transcripts must be submitted to the HT Office as well as to FCCJ Registrar's Office.**

GEOGRAPHICAL INFORMATION

What is the community college closest to your place of residence? _____

List the top three possibilities for clinical practicum sites in your geographical vicinity:

Facility	Address	Contact Person (if known)	Phone number

***Please do not make contact with these facilities personally; that is the responsibility of the program.**

PREVIOUS WORK EXPERIENCE

Have you had 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	_____ grossing
_____	_____ routine microtomy
_____	_____ processing
_____	_____ frozens
List locations:	_____ embedding
_____	_____ special stains
_____	_____ routine stains
_____	_____ electron microscopy
_____	_____ flow cytometry
_____	_____ immunosistochemistry
_____	_____ other: please list

Are you seeking credit toward the AS HT degree due to experience? () Yes () N

Signature: _____ **Date:** _____

Please mail completed application to: Histologic Technology Program
Florida Community College at Jacksonville
North Campus – Room A224
4501 Capper Road
Jacksonville, FL 32218