NDT PROGRAM APPLICANT CHECKLIST

Initial below to confirm each item is complete and included with your application	**Directions for Submission:** 1. All forms labeled "Return this form" (bottom left) need to be included **with the application** and submitted by <u>July 1, 2021.</u> 2. Application Packet can be submitted as a PDF by Email or given to: **Shannon Wise, Administrative Assistant** **Tel: 281-756-5610** **Fax: 281-756-5606** **Swise@alvincollege.edu** **Office Location: ACC "S" Building Room S108**
	Application Form
	Consent for Release of Information/Drug Screen/Acknowledgment of Technical Standards
	Personal Statement Form
	2 Letters of Reference
	NDT Program Applicant Checklist (this form)
Documents for Alvin Community College- *Initial to confirm transcripts are on file*	
	Official College Transcripts on file at Alvin Community College
Pre-requisites- *Put the letter grade received, IP (in progress), or N(not completed)*	
	1. English 1301
	2. Biol 2401: Anatomy & Physiology I
	3. Biol 2402: Anatomy & Physiology II
	4. Math Core (MATH 1314, 1324, 1325, 1332, 1342, 1350, 2412, 2413, or 2414)
Hep B Round 1 Date Received: _____ Hep B Round 2 Date Received: _____	**Immunization and Vaccine Records** Hepatitis B Vaccine: Proof of completion of the hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B is required as a condition of full acceptance to the program. This is a series of 3 shots and can take up to 6 months to complete. We must see documentation of at least the first two immunizations at time of application. Documentation of the third vaccination must be provided at orientation. *Post-vaccination antibody titer testing may be required.*

Return this Form

ALVIN COMMUNITY COLLEGE
ASSOCIATE APPLIED SCIENCE DEGREE
NEURODIAGNOSTIC PROGRAM
APPLICATION FOR ADMISSION

(Please print in ink or type)

Last Name _____ ACC Student ID# _____

First Name _____ Middle Name _____

Suffix (Jr., II, etc) _____ Other last names you have had _____

Mailing Address _____
       Street , PO Box, rural route, etc   City   State   Zip

Permanent Address (If different) _____
       Street, PO Box, rural route, etc   City   State   Zip

Home phone # (_____)_____ - _____ Work phone # (_____)_____ - _____

Mobile phone # (_____)_____ - _____ Pager # (_____)_____ - _____

County of residence _____ E-mail _____

Emergency Notification (spouse, parent, guardian, etc): _____

Address _____ Telephone # (_____)_____ - _____
    Street   City   State   Zip

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ International Student

PERMANENT RESIDENT ALIEN INFORMATION
Country of Citizenship   Resident Card Number

_____

Are you currently enrolled in a college or university? ☐ YES ☐ NO

If yes , name of institution & city/state: _____

List all courses in which you are **currently** enrolled: _____
_____

COLLEGES / UNIVERSITIES ATTENDED (Vocational, 2-year and/or 4-year)

School name/city/state	Major & Degree earned	Dates attended

CREDENTIALS / LICENSES
_____
_____

Do you have any of the following degrees:: ☐ Associate Degree Nursing ☐ Respiratory Care ☐ Electroneurodiagnostic ☐ National Registry Paramedic

_____

Type	Institution name	City	State	Dates attended

Alvin Community College Neurodiagnostic Technology Program
3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

I certify that information given on this application is correct and complete to the best of my knowledge. I understand that miss-representation or omission of information will make me ineligible for admission to, or continuation in, the Alvin Community College Neurodiagnostic Technology Program. If applying online, signature will be obtained at an information meeting. I understand that an offer of admission will require compliance with the Activity Standards and Immunization Requirements outlined in this application. I understand that if selected for admission to this program, my acceptance is conditional on successfully completing a background check conducted by Alvin Community College. I understand that my acceptance to the program is contingent upon the successful completion of any outstanding prerequisites (if applicable) and that verification must be provided to the program prior to matriculation. I understand that all documents submitted to Alvin Community College will be retained permanently by the Program regardless of my admission status.

_____
_____
Legal signature of applicant   Date

Return this form

Alvin Community College Neurodiagnostic Technology Program

3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

ALVIN COMMUNITY COLLEGE
NEURODIAGNOSTIC PROGRAM

CONSENT FOR RELEASE OF INFORMATION

_____
(Initial)

My signature below indicates that I have read the policy on **Criminal Background Screening** for the Neurodiagnostic Technology program. This form provides my consent for the results of criminal background checks to be released to the Alvin Community College program director. I certify that I do not have any criminal history that would disqualify me from a clinical rotation or prevent me from obtaining Neurodiagnostic Technology licensure.

DRUG SCREEN

_____
(Initial)

My signature below certifies that I have read, understand and agree to accept the Alvin Community College Health Program's **Policy for Drug Screening**.

TECHNICAL STANDARDS - ACKNOWLEDGEMENT
PHYSICAL REQUIREMENTS/WORKING CONDITIONS

_____
(Initial)

I acknowledge receipt of the form **Technical Standards for Neurodiagnostic** outlining the physical requirements of the training program and the duties of the Neurodiagnostic Program at Alvin Community College.

By my signature below, I confirm my physical ability to fulfill the responsibilities of the program and any positions which I may be offered following graduation with or without reasonable accommodation.

Prospective Student's Name (Print): _____

Prospective Student's Signature: _____

Date: _____

Return this form

Alvin Community College Neurodiagnostic Technology Program
3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

Neurodiagnostic Technology Program

PERSONAL STATEMENT

(Please attach a separate sheet of paper if necessary)

1. Please explain in your own words why you wish to enroll in the NDT Program.

2. Please tell us about experiences in your life that have led you to a career in health care.

Return this form

Letter of Reference

Applicant: _____

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Neurodiagnostic Technology Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

3. More than satisfactory
2. Satisfactory
1. Unsatisfactory
NO Not observed, or no basis for judgment

ABILITIES/SKILLS	3	2	1	NO	
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to work/coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supervisors
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Additional information – Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Return this form

Alvin Community College Neurodiagnostic Technology Program

3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

Page 2: Letter of Reference

Relationship to applicant _____ Advisor

_____ Teacher

_____ Supervisor

_____ other: Please indicate _____

How long have you known the applicant? _____

How well do you know applicant? _____

Do you _____ Highly Recommend

_____ Recommend

_____ Recommend with Reservations

_____ Not Recommend

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: (_____) _____

Please return this evaluation form to:

swise@alvincollege.edu

Alvin Community College
Neurodiagnostic Technology
3110 Mustang Road
Alvin, TX 77511-4898

Return this form

Alvin Community College Neurodiagnostic Technology Program
3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

Letter of Reference

Applicant: _____

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Neurodiagnostic Technology Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

3. More than satisfactory
2. Satisfactory
1. Unsatisfactory
NO Not observed, or no basis for judgment

ABILITIES/SKILLS	3	2	1	NO	
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to work/coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supervisors
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Additional information – Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Return this form

Alvin Community College Neurodiagnostic Technology Program

3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

Page 2: Letter of Reference

Relationship to applicant   ____ Advisor

                       ____ Teacher

                       ____ Supervisor

                       ____ other: Please indicate _____

How long have you known the applicant? _____

How well do you know applicant? _____

Do you ____ Highly Recommend

         _____ Recommend

         _____ Recommend with Reservations

         _____ Not Recommend

Signature: _____   Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: (_____) _____

Please return this evaluation form to:

<div align="center">

swise@alvincollege.edu

Alvin Community College
Neurodiagnostic Technology
3110 Mustang Road
Alvin, TX 77511-4898

</div>

Return this form

<div align="center">

Alvin Community College Neurodiagnostic Technology Program
3110 Mustang Road, S109, Alvin, Texas 77511 (281) 756.5610

</div>