APPLICATION FOR PROGRAM ADMISSIONS

Select <u>Program</u> of Interest: Diagnostic Medical Sono Respiratory Care Science	ography 👝 Rad	diologic Technology dical Laboratory Technology	Emergency Medical Science
This application is for admiss	sion into the program beginnir	ng: <u> </u>	/SPRING
NOTE: Applicants must c	complete remedial requirements & pr	rogram prerequisites by the application deadl	ine of the term for which admission is sought.
Date of Application:		Student ID #:	
Full Legal Name:			
Current mailing address:	Last	First	Middle
	Street		
	City		State Zip
Current telephone:	()	(where you can be reach	ed between 8 a.m. and 5 p.m. on weekdays)
Email Address:			
If you have previously attend	led any school under a name	other than that given above, please	specify below:
PERSONAL INFORMATION	1	Place of Birth:	
White Hispanic		e only) Black Asian Interna International Section in the TSC Cata	
Name			Relationship
Street Addre	988		()
City, State,	, Zip		
	parking violations)? *Note: D	y (including deferred adjudication for UI's, DWI's, PI's are not minor traffic	either) with the exception of minor traffic violations Yes No
		duate or professional school or ever No If "Yes," provide a written expla	
purposes. The information ye Please check all that applies	rou provide will not affect your to you: physical disa	r admission to the School of Health	other disability

EDUCATIONAL BACKGROUND

List the high school you attended and REQUEST THAT AN OFFICIAL TRANSCRIPT be sent to the address shown below.

Last High School Attended:

School

City/State

Graduation Date

Please list each college or university that you have attended or will attend prior to enrolling at TSC. (REQUEST THAT AN OFFICIAL TRANSCRIPT FROM EACH INSTITUTION SHOWING ALL WORK ATTEMPTED BE SENT DIRECTLY TO THE ADDRESS SHOWN BELOW).

NAME OF SCHOOL	CITY	STATE	DATES ATTENDED	DIPLOMA/DEGREE

NOTE: If you have attended more than three colleges, please list on a separate sheet.

Entrance exam (TSI, TASP, THEA, etc.) must be successfully completed prior to consideration of this application. (Contact Testing Center, Student Services Building 956-295-3660 to arrange testing.)

Date taken:

Or Scheduled:

List all college or university COURSES which you are currently enrolled or will have completed before the program begins, that DO NOT PRESENTLY APPEAR on your transcript.

COLLEGE OR UNIVERSITY	COURSE NO.	COURSE TITLE	CREDIT HRS	TERM/YR

I understand that the Admission Committee will not regard this application as "complete" until all supporting documents have been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school I have attended must be received as soon as possible and at the end of each successive semester, quarter, etc., for as long as my application is being considered. (Transcripts showing additional work after acceptance must also be submitted.)

If selected for admission to this program I will at all times conduct myself in accordance with the rules and regulations of the College, Program and its clinical affiliates. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature of Applicant

Date

If there are circumstances which may have an influence on your admission which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.

DEADLINES FOR RECEIPT OF APPLICATION AND ALL REQUIRED DOCUMENTS:

PROGRAM	PROGRAM BEGINS	APPLICATION DEADLINE
Emergency Medical Science	Fall Semester	Last working day of May (Noon)
Medical Laboratory Technology	Fall Semester	2nd Friday of July (Noon)
Radiologic Technology	Spring Semester	Last working day of August
Respiratory Care Science	Fall Semester	Last working day of May (Noon)
Diagnostic Medical Sonography	Fall Semester	Last working day of May (Noon)

Application, transcripts, and supporting documents should be hand delivered to:(Indicate the Name of the Program)

The Texas Southmost College does not discriminate based on sex, race, color, national origin, handicap or age

Students please check one in this section. (Required Essential Functions can be found at the program webpage)

RADIOLOGIC TECHNOLOGY DIAGNOSTIC MEDICAL SONOGRAPHY MEDICAL LABORATORY TECHNOLOGY _ EMERGENCY MEDICAL SCIENCE

RESPIRATORY CARE SCIENCE

I have reviewed and understand the required program essential functions and I believe that I meet all these standards.

I am not sure if I meet one or more of these functions and I need further evaluation. Check one or more the of the following:

— Vision Speech and Hearing - Fine Motor Function Psychological Stability Effective September 1, 2017, HB 1508, 85th Leg., R.S. (2017), amended Chapter 53 of the Texas Occupations Code to add Subchapter E relating to notice to applicants to and enrollees in certain educational programs regarding the consequences of criminal conviction on eligibility for an occupational license.

Pursuant to Chapter 53, Subchapter E, of the Texas Occupations Code, please be advised that Texas Southmost College offers programs that lead to an occupational license as defined under Texas Occupations Code 58.001. Licensing authorities may have guidelines concerning prior criminal convictions that would make an individual ineligible for issuance of a given license. If you are enrolled in a program that may prepare an individual for an occupational license and/or if you later decide to change to a program that prepares you for an occupational license as defined under Texas Occupations Code 58.001, in accordance with state law, please be advised of the following:

1. An individual who has been convicted of an offense may be ineligible for issuance of an occupational license upon completion of the educational program;

2. Each licensing authority that may issue an occupational license to an individual who completes an educational program must establish guidelines which state the reasons a particular crime is considered to relate to a particular license and any other criterion that affects the decisions of the licensing authority.

3. Local or county licensing authorities may issue additional guidelines related to criminal history. Applicants should contact their respective local or county licensing authority for more details.

4. A person may request a criminal history evaluation letter regarding the personal eligibility for a license issued by a licensing authority under Texas Occupations Code 53.102.

Note that the provisions of Chapter 53 of the Texas Occupations Code relating to the consequences of criminal conviction do not apply to licenses granted by the Supreme Court of Texas, law enforcement officers (Texas Occupations Code Chapter 1701), emergency medical services personnel (Texas Health and Safety Code Chapter 773), or persons licensed by the Texas Medical Board, the Texas State Board of Pharmacy, the State Board of Dental Examiners, or the State Board of Veterinary Medical Examiners that have been convicted of a felony under Chapter 481 or 483 or Section 485.003 of the Texas Health and Safety Code. If you are seeking one of these licenses, please be aware that other provisions of the law may be applicable relating to the consequences of criminal conviction.

All applicants to and enrollees of Texas Southmost College are encouraged to review all applicable eligibility requirements related to the respective occupational license. Questions related to eligibility requirements should be directed to the applicable licensing authority.