

**Community College of Philadelphia
Allied Health Programs Fall 2020 Application**

_____ **Readmission** (Check here)

Name (Last, First, Middle)	Student Number (J#)	Date of Birth
Address		Home Telephone Number
City, State	Zip Code	Cell Phone Number
Personal Email Address	CCP Email Address	

High School and College Information

High School Attended/GED	Date of Graduation (MM-DD-YYYY)
List Previous Colleges Attended	Dates Attended and Degree Earned
_____	_____
_____	_____

You are responsible for obtaining official copies of your high school/GED transcripts and all college transcripts. High school transcripts must be sent directly to the college at the address listed on the envelope. Submit all college transcripts, in a sealed envelope, with your application packet. Your application packet must be submitted to the Admissions Office by the designated deadline date listed on the attached Policies and Procedures form.

- I wish to be considered for the following program (select ONLY one):
- _____ Dental Hygiene
 - _____ Diagnostic Medical Imaging
 - _____ Medical Laboratory Technician
 - _____ Respiratory Care Technology

I have been provided with the Fall 2020 Allied Health Programs Admission Policies and Procedures and verify that I have received, read and understand this information. By signing and submitting this application, I also acknowledge that I meet the minimum designated admission requirements as listed on the attached Policies and Procedures Form for the program selected above.

_____ Signature	_____ Date
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**Allied Health Programs' Admissions
Policies and Procedures**

Due to the competitive nature of the Allied Health programs, there are special admission requirements applicants must satisfy to be considered for the Dental Hygiene, Diagnostic Medical Imaging, Medical Laboratory Technician, and Respiratory Care Technology. Please refer to the current Community College of Philadelphia catalog for a complete listing of all policies and procedures associated with these programs.

To obtain and submit an application for any of the Allied Health programs you must meet the following requirements:

1. You must have a high school diploma or General Education Equivalency Degree (G.E.D.)
2. You must request an official copy of your high school or G.E.D. transcript to be mailed to the address provided below. Submit all college transcripts, in a sealed envelope, with your Nursing and Allied Health application packet by the deadline date.

**Community College of Philadelphia
Office of Admissions
Allied Health Application
1700 Spring Garden Street, W1-1
Philadelphia, PA 19130-3991**

3. You must have satisfied all prerequisite coursework and must also meet the minimum grade point average prior to submitting an application to the College for any of the Allied Health programs by the specified deadline date. Listed below are the required grade point averages, along with the deadline date to submit your application:

<u>Program</u>	<u>Grade Point Average</u>	<u>Deadline Date</u>
Dental Hygiene	2.50	March 1, 2020 (<i>Priority deadline date</i>)
Diagnostic Medical Imaging	2.50	January 1, 2020 (<i>Priority deadline date</i>)
Medical Lab Technician	2.25	June 1, 2020 (<i>Priority deadline date</i>)
Respiratory Care	3.0	June 1, 2020 (<i>Priority deadline date</i>)

4. Meeting the minimum requirements does not guarantee admission. The Allied Health Admissions Committees will make the final selections. Applicants will be notified by mail regarding the admissions committee's decision.

I have read the preceding admission policies and I understand that there are minimum eligibility requirements that must be met to be considered for admission into the Allied Health programs. I also understand that submission of this application does not guarantee admission into any of the programs.

Signature

Date