

Program of interest \_\_\_\_\_ Program # \_\_\_\_\_

(A separate application and application fee is required for each program of interest.)

## Application Instructions

Thank you for your interest in Health Sciences at Broward College. Please read the following instructions carefully.

**Before submitting this application, applicants must review the checklist below:**

- Apply to Broward College at [www.broward.edu/admission](http://www.broward.edu/admission). If you have not attended for more than one year, submit a re-entry application on [www.broward.edu/admission](http://www.broward.edu/admission).
- Submit official complete transcripts from all previous colleges attended, except Broward College. Official paper Transcripts may be submitted to [the Registrar's Office](#).
- Meet with your Academic Advisor to have all college transcripts reviewed for verification of admission criteria.

Your Academic Advisor name & signature is required: \_\_\_\_\_ Date: \_\_\_\_\_

- Admission criteria must be completed for program of interest prior to submitting this Limited Access Application.
- Applicable certificates, licenses and waivers acquired are attached by pdf to this application.  Yes  No

To be considered for admission to a Health Science program, submit the completed and signed application by email to [healthscience@broward.edu](mailto:healthscience@broward.edu), by mail, or in-person to one of the Health Science Admission Offices below:

North Campus,  
Building 46, Room 252  
1000 Coconut Creek Boulevard  
Coconut Creek, FL 33066

Central Campus  
Building 8, Room 129  
3501 S.W. Davie Road  
Davie, FL 33314

\*For your convenience, a Drop Box is available at the entrance of each office.

**Applicants may access their admission status by logging into their myBC student portal and clicking on the Application Status icon.**

## Personal Information

Student ID Number \_\_\_\_\_ Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle MM DD YY

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Applicants are required to activate your Broward College e-mail account accessible from your myBC home page. All correspondence regarding the program will be sent to that e-mail address. Your current information must be updated online or at any campus Admissions Office.**

**Nursing applicants only:** Program preference:  RN Generic (face to face)  LPN to RN

I have never attended another nursing program.  Yes  No (Applicants must answer this question.)  
If yes, name of institution(s) \_\_\_\_\_ Dates attended \_\_\_\_\_

**Physical Therapist Assistant (PTA) applicants only:** Please indicate preference  North Campus  FSW

## Certification

I (print name) \_\_\_\_\_ certify that all information given in this application is true and accurate to the best of my knowledge. I understand that if I have falsified any information, I am subject to immediate dismissal from the health science program for which I am selected. I understand that submitting an application does not guarantee selection.

Signature \_\_\_\_\_ Student ID # \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Participation in any health science program requires completion of a Medical History and Physical Examination form. For programs that have clinical training components, academically eligible students must complete a level II back- ground check and a ten-panel drug screening at a Broward College-designated facility. Students selected for admission will be provided the necessary screening forms.

PROGRAM OF INTEREST

STUDENT ID NUMBER

NAME