



Health Sciences Limited Access Application

Program of interest _____
(Submit a separate application for each program of interest.)

Application Instructions

Thank you for your interest in the Health Sciences at Broward College. Please read the following instructions carefully. **Type or print both sides of this application in blue or black ink.**

Before submitting this application, students must:

1. Be admitted to Broward College. The application may be submitted through www.broward.edu.
2. Have completed required program prerequisites prior to submitting this limited access application. Program prerequisites can be accessed online at www.broward.edu/healthsciences/healthsciences/admissions/page12494.html
3. Meet with an academic advisor to have all post-secondary transcripts evaluated. Submit official complete electronic college transcripts from all previous institutions attended, except Broward College. If an institution cannot send electronic transcripts, official complete paper copies may be submitted to the college Registrar's office, 225 E. Las Olas Blvd., Fort Lauderdale, FL 33301. Only official, complete transcripts (no work in progress) will be accepted as proof of course completion.

To be considered for admission to a health science program, complete and mail this application to either Health Science Admission office listed below. Students will be obligated for the \$20 non-refundable limited access application fee, payable online at www.broward.edu, by mail, or in person at any campus Cashier's office.

Health Science Admission Broward College

North Campus, Building 46, Room 242
1000 Coconut Creek Boulevard
Coconut Creek, FL 33066

Health Science Admission Broward College

A. Hugh Adams Central Campus, Building 19, Room 101
3501 S.W. Davie Road
Davie, FL 33314

Students' admission status is accessible by clicking on the Limited Access Application Status icon on their myBC homepage.

Personal Information

Student ID No. _____ Phone (home) _____ (cell) _____

Name _____
Last First Middle

Street Address _____

City/State/Zip _____

Applicants are required to activate their Broward College e-mail account accessible through their myBC home page. All correspondence regarding the program will be sent to that e-mail address.

Education

I have attended or am currently attending an institution beyond high school: Yes No

Name of Institution(s) _____

Nursing students only: Program preference: Generic Online

I have never attended another nursing program. Yes No (Students must answer this question.)

If yes, name of institution(s) _____ Dates attended _____

Applicants are required to list all completed program prerequisites and grades received for the health science program selected. Official complete transcripts will be used as proof of course completion.

Prerequisites are accessible online at www.broward.edu/healthsciences/healthsciences/admissions/page12494.html

Course _____ Grade _____ Course _____ Grade _____

Course _____ Grade _____ Course _____ Grade _____

Course _____ Grade _____ Course _____ Grade _____

Applicable certificates, licenses and waivers acquired are attached to this application Yes No

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 background check and a nine-panel drug screening at a Broward College-designated facility. Students selected for admission will be provided with necessary screening forms.

PROGRAM OF INTEREST

STUDENT ID NUMBER

NAME

Program and Certification

Applications are accepted for each Limited Access Program during date certain periods for a specific class. Admission decisions will be made within 30 days following the close of the application period. Application time lines are listed on the Web at www.broward.edu.

Programs that admit in August

Campus	Program Code	Program
C	5217	Dental Assistant Certificate*
C	2145	Dental Hygiene A.S.*
C	2160	Emergency Medical Service A.S.* ***
N	B003	Emergency Medical Technology Certificate* ***
N	2179	Health Information Management A.S.
N, C	2129	Health Services Management A.S.
N	5281	Massage Therapy Certificate*
C	5215	Medical Assistant Certificate*
N	2102	Nuclear Medicine A.S.
N	6224	Nuclear Medicine Certificate*
N, C, S	2127	Nursing (RN) A.S

Campus	Program Code	Program
N, C	6208	Paramedic Certificate* ***
N	2159	Radiation Therapy A.S.
N	6228	Radiation Therapy Certificate
C	A025	Radiography A.A.S.
C	A026	Radiography Hospital Based A.A.S.
N	2132	Respiratory Care A.S.
N	21892	Vision Care Ophthalmic Tech. A.S.*
N	21891	Vision Care Opticianry A.S.*
N	A030	Vision Care Ophthalmic Tech. A.A.S.*
N	A031	Vision Care Opticianry A.A.S.*

Programs that admit in January

Campus	Program Code	Program
C	2160	Emergency Medical Service A.S.*
N, C	B003	Emergency Medical Technology Certificate* ***

Campus	Program Code	Program
N, C, S	2127	Nursing (RN) A.S.
N, C	6208	Paramedic Certificate* ***

Programs that admit in May

Campus	Program Code	Program
C	2160	Emergency Medical Service A.S.*
N, C	B003	Emergency Medical Technology Certificate* ***
N, C	6208	Paramedic Certificate* ***
N	2153	Physical Therapist Assistant A.S.
N	4280	PTA – ATC in Manual Techniques

Programs that admit in June

Campus	Program Code	Program
N	2176	Diagnostic Medical Sonography A.S.* **
N	6230	Diagnostic Medical Sonography Certificate* **
N, C, S	21271	Nursing (LPN – RN Transition) A.S.

Campus: N=North C=Central S=South

If you have selected one of the programs listed below, please indicate your preference:

EMT/Paramedic preference (choose a campus and time) North Central Day Evening

* An open ended admission period means that students are allowed to submit an application for a specific program up to the day before classes start, unless specified otherwise.

** All students are admitted initially into the Certificate Program.

*** **EMT and Paramedic applicants are required** to complete a physical exam form, background check and drug screening (available on the web at www.broward.edu/healthsciences/healthsciences/admissions/page12494.html) and proof of current CPR certification when submitting their application.

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.

Signature _____ Student ID # _____ Date _____