



# TARRANT COUNTY COLLEGE

## CERTIFICATE IN CENTRAL STERILE PROCESSING

### Application for Admission

For swifter processing, please TYPE your information in the fields below.

### 1. Biographical Information

SSN:  (No Dashes) TCC ID:  Date of Birth:

Last Name:  First Name:  Middle Name:

Address 1:  Apt #:

City:  State:  Zip Code:  Primary Phone:  (No Dashes)

Primary E-mail Address:  Secondary Phone:  (No Dashes)

MyTCC E-mail:

### 2. Emergency Contact Information

Full Name:

Address 1:  Apt #:

City:  State:  Zip Code:  Primary Phone:  (No Dashes)

### 3. Education Information

#### High School

School Name:  Certificate:  Completion Date:

#### College/University - (Include TCC, if applicable)

School Name:  Certificate:  From:  To:

School Name:  Certificate:  From:  To:

School Name:  Certificate:  From:  To:

#### 4. Previous Application Information

4a. Have you ever applied for an Health Science program at TCC?

Yes       No

Program:

Month:       Year:

#### 5. Background Information

5a. Gender:

Male       Female

5b. Race:

- American/Alaska Native       International
- Asian       Multi
- Black or African American       Race Unknown
- Hawaiian/Pacific Islander       White
- Hispanic/Latino

6. Is English your native or first language?

Yes       No

(If no see TOEFL/IELTS information.)

I attest that this application to the Central Sterile Processing Program is complete and correct. I understand that by signing and submitting this application I am not guaranteed a place in this program and that I am only eligible for selection according the terms listed in the information packet. I also understand that by signing the application I am responsible for submitting ALL documents and information required for eligibility into this program to the Allied Health Department. I have read and understand the requirements and procedures for admission into the Allied Health Programs as outlined in the Application Information Packet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I give permission for TCC to release my student transcript to the Allied Health staff at TCC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Submit all application materials in person or by mail to:</b> Tarrant County College - TREC Allied Health - CSS 245 E. Belknap Street Fort Worth, TX 76102	<b>Application materials include:</b> 1. Application 2. Application Checklist 3. Immunizations 4. Proof of going to information Session	5. Information Sheet
---	---	----------------------

For Office Use Only

Central Sterile Processing

Student Name:   TCC ID:   
 Last name First name

- Applied for Health Science Program Before
- Central Sterile Supply Application and Checklist
- TCC Transcript Signed
- 18 Years Old with High School Diploma or GED
- Went to information Session
- Passed TABE (if applicable)
- 18 Years Old with High School Diploma or GED

Hepatitis A	Hepatitis B	Measles, Mumps, Rubella	Chickenpox	Tuberculosis	Tetanus, Diphtheria, Pertussis
Hep A-1 <input type="checkbox"/>	Hep B-1 <input type="checkbox"/>	MMR-1 <input type="checkbox"/>	Varicella-1 <input type="checkbox"/>	TB <input type="checkbox"/>	TDaP <input type="checkbox"/>
Hep A-2 <input type="checkbox"/>	Hep B-2 <input type="checkbox"/>	MMR-2 <input type="checkbox"/>	Varicella-2 <input type="checkbox"/>	TB (+) <input type="checkbox"/>	
Hep A-T <input type="checkbox"/>	Hep B-3 <input type="checkbox"/>	MMR-T <input type="checkbox"/>	Varicella-T <input type="checkbox"/>	Chest X Ray <input type="checkbox"/>	
	Hep B-T <input type="checkbox"/>				

Comments

TCC Staff Signature: \_\_\_\_\_ Date:

Student Signature: \_\_\_\_\_ Date:

# TOEFL/ IELTS Instructions

If you did not graduate from a high school in the United States or a high school on a US military installation where English was the primary language used:

Provide documentation of graduation from high school from an English speaking country such as Canada (other than Quebec), Great Britain, Australia, New Zealand, South Africa, and Ireland. If graduated from English speaking high school in a country not listed above in #2, provide official transcripts and a notarized letter from the headmaster/principal of the high school stating that English was the primary language of the courses taught.

If English was NOT the primary language of your high school you must provide documentation of proof of English proficiency by submitting the results of either of the following:

1. TOEFL - iBT- Test of English as a Foreign Language – Internet Based Test - passing score of 83. This is the recommended score to apply for licensure from the Texas BON (Board of Nursing)  
<http://www.ets.org/toefl/>
2. IELTS – Academic version- International English Language Testing System –IELST Band Score – over all 6.5 with a minimum score of 6 in all areas.

## Central Sterile Processing Application Checklist

Please check off the following items as they are completed in order to be an eligible candidate for our Allied Health Program.

1. \_\_\_\_\_ I have applied to Tarrant County College.
2. \_\_\_\_\_ I have read the information on the TCC website for Central Sterile Processing. I will submit my completed application to the Trinity River East Campus (in person or by mail) with my signed application materials before the application deadline.

TCC - Trinity River East Campus - Central Sterile Processing  
245 E. Belknap Street  
Fort Worth, TX 76012-1901

3. \_\_\_\_\_ I have provided current official transcripts from ALL high schools and colleges attended to the TCC Registrar. For transcript submission follow-up, contact the TCC Registrar at 817-515-1051.

\*If you are planning to submit an international (out of the U.S.) transcript, first contact the TCC International Admissions Office at 817-515-5232 to schedule an appointment. Start this process at least 8 weeks before the deadline.

4. \_\_\_\_\_ I verify that I all my immunizations required (listed on the website) have been started AND will be complete no later than the first day of the second semester. PLEASE NOTE: The Hepatitis A and B shots require 6 months to get the two or three shots.
5. \_\_\_\_\_ I acknowledge that I will be required to pass a Drug Screening and Background check. I also acknowledge that these required checks will be administered within 30 days prior to starting the program. If I fail either of these protocols, I acknowledge that I will be dismissed from the program.

By signing below, I verify that I have read and understand that I am responsible for providing, and meeting, the criteria listed in this document. If it is discovered that any of the information I have provided for the application has be falsified, I will be dismissed from the program.

---

Signature

Date