

ADMISSION APPLICATION FOR THE CLINICAL NEURODIAGNOSTIC TECHNOLOGY PROGRAM

Send application to:

GATEWAY COMMUNITY COLLEGE
Attn: Selective Admissions, Admissions and Records
108 N 40th Street
Phoenix, AZ 85034-1704
602.286.8058

Please print clearly

LEGAL NAME (LAST) (FIRST) (MIDDLE)

ADDRESS (STREET)

(CITY) (STATE) (ZIP CODE)

FORMER NAME(S) which may appear on transcript

PRIMARY PHONE NUMBER

MESSAGE PHONE NUMBER

E-MAIL ADDRESS Maricopa Student email address only (MEID@maricopa.edu)

STUDENT ID NUMBER

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

PHONE #

ADDRESS

Information Release – FERPA:

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? Yes No

Are you currently enrolled in college? Yes No

If "YES", where? _____

Address : _____

College or Technical school attended:

Credential, credential number and date (If applicable)

PREVIOUS COLLEGES OR TECHNICAL SCHOOLS ATTENDED:

NAME OF INSTITUTION _____
CITY AND STATE _____
DATE OF ENTRANCE _____ DATE OF EXIT _____
DIPLOMA OR DEGREE RECEIVED _ COLLEGE MAJOR _____

NAME OF INSTITUTION _____
CITY AND STATE _____
DATE OF ENTRANCE _____ DATE OF EXIT _____
DIPLOMA OR DEGREE RECEIVED _____ COLLEGE MAJOR _____

NAME OF INSTITUTION _____
CITY AND STATE _____
DATE OF ENTRANCE _____ DATE OF EXIT _____
DIPLOMA OR DEGREE RECEIVED _____ COLLEGE MAJOR _____

STARTING WITH MOST RECENT AND WORKING BACK, LIST EMPLOYERS:

OCCUPATION _____
EMPLOYER _____ FROM _____ TO _____
ADDRESS _____
NAME OF SUPERVISOR _____
REASON FOR LEAVING _____

OCCUPATION _____
EMPLOYER _____ FROM _____ TO _____
ADDRESS _____
NAME OF SUPERVISOR _____

REASON FOR LEAVING _____

OCCUPATION _____
EMPLOYER _____ FROM _____ TO _____
ADDRESS _____
NAME OF SUPERVISOR _____
REASON FOR LEAVING _____

MILITARY:

Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces? If yes, select all that apply: Attached a copy of DD214

- I am a current member of the US Armed Forces Yes No
- I am a dependent of a member of the US Armed Forces Yes No
- I am a former member of the US Armed Forces Yes No

CERTIFICATION:

I certify that the above answers are true, correct, and complete. I understand that any falsification or intentional misrepresentation of information on this application may be cause for dismissal from the Sleep Medicine (Polysomnographic) Technology Program and from the College.

Signature _____ Date _____

WAIVER OF REGISTRATION/CERTIFICATION DISCLAIMER

Admission or graduation from the Clinical Neurodiagnostic Technology Program does not guarantee obtaining registration by the American Board of Registered Electroneurodiagnostic Technologists (ABRET) or the Board of Registered Polysomnographic Technologists (BRPT). Students must satisfy the requirements of ABRET and the BRPT independently of any college or school requirement for graduation.

I have read and understand the Admission Application Disclaimer.

Signature

Date

Student ID Number

This disclaimer will become part of your Clinical Neurodiagnostic Technology Program records



**Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirement**

(Student Copy)

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs"), students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted.
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.
2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
 - Pending criminal charges that have been filed against you including dates and details.
 - Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.



**Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirement**

(Student Copy)

(Student: Sign and Attach to Application)

All allied health and nursing students who seek to enroll in MCCCDC healthcare programs must complete a Criminal Background Check. The outlined criteria have been created based on MCCCDC's largest clinical experience hospital partners. These partners have stringent background check standards that preclude MCCCDC from assigning students to their sites who cannot meet those standards. In order for MCCCDC students to be able to continue to complete clinical experiences at local hospitals, students must meet these standards.

For persons wishing to enroll in a Program the person must meet the following standards:

- Possession of a valid Arizona Department of Public Safety Level One Fingerprint Clearance Card. Students who currently possess a DPS Card that is another level will not be allowed entrance into a health care program. Students are required to pay the cost of obtaining this background check. If the Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or while enrolled in a MCCCDC healthcare program a student must notify the Program Director immediately and he or she will be removed from the Program. Please see the "Frequently Asked Questions" sheet for details regarding the DPS Card.
- Each student must provide documentation that he or she has completed and "passed" a MCCCDC-supplemental background check through the approved vendor **American DataBank**. Students are required to pay the cost of obtaining this background check. Students whose background checks are more than six months old on the date of beginning a healthcare program must obtain an updated background check. Students who have been in a Program for more than 12 months may be requested to obtain an updated background check. Please see the attached "Frequently Asked Questions" sheet for more details regarding the MCCCDC supplemental-background check.
- The MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
- By virtue of the MCCCDC supplemental background check, students will be disqualified for admission to a program or continued enrollment in a program based on their criminal offenses, the inability to verify their Social Security number, or their being listed in an exclusionary database of a Federal Agency or on a sex offender registry. Offenses that will lead to a "fail" on the supplemental background check may include but are not limited to:
 - Social Security Search-Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any criminal arrest warrant in any state

- Any misdemeanor conviction for the following-No matter age of crime
 - violent crimes
 - sex crime of any kind including non consensual sexual crimes and sexual assault
 - murder, attempted murder
 - abduction
 - assault
 - robbery
 - arson
 - extortion
 - burglary
 - pandering
 - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
 - any abuse or neglect
 - any fraud
 - aggravated DUI
- Any misdemeanor controlled substance conviction last 7 years (as defined in 21 U.S.C. § 802)
- Any other misdemeanor convictions within last 2 years, except for non-DUI traffic violations
- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)
- At all times students are in a program they must maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on the MCCCDC supplemental background check performed by the MCCCDC-authorized vendor.
- Admission requirements related to background checks are subject to change without notice.
- Some clinical agencies may require additional components of a criminal background check, other than those required by MCCCDC, as well as a drug screening. Students are required to pay for any and all criminal background checks and drug screens required by a clinical agency to which they are assigned
- Even though a student possesses a valid DPS Level One Fingerprint Clearance Card and has passed the MCCCDC supplemental background check, a clinical agency may decline to place a student due to information the clinical agency obtains in a background check it requires.
- If a clinical agency to which a student has been assigned does not accept the student based on his or her criminal background check, the student may not be able to complete the program.
- MCCCDC may, within its discretion, disclose to a clinical agency that a student has been rejected by another clinical agency.
- MCCCDC has no obligation to make attempts to place a student when the reasons for lack of placement are criminal background check issues. Since clinical agency assignments are critical requirements for completion of the program, inability to complete required clinical experience due to a student's criminal background check will result in removal from the program.

Signature

Date

Printed Name

Student ID Number

Desired Health Care Program