

Application deadline dates:

- Magnetic Resonance Imaging – Feb. 1
- Radiologic Technology – Feb. 15
- Respiratory Therapy – June 30
- Health Information Technology – open
- Medical Assisting – open



St. Clair County Community College
Allied Health Program Application

FOR OFFICE USE ONLY
S. No.
Date received
Receipt #

SECTION I

Name _____
LAST FIRST NICKNAME MIDDLE MAIDEN/FORMER (if applicable)

Address _____
NUMBER STREET APT. CITY STATE ZIP

Phone number
 Home () _____ - _____ Cell/alternate () _____ - _____ Email _____

Student number or Social Security Number: _____ Birth date ____/____/____
MONTH DAY YEAR

High school graduation year _____

SECTION II

**INTENDED SEMESTER
 READY FOR
 ALLIED HEALTH PROGRAM**

- Please indicate the allied health program for which you are applying.
- Health Information Technology - Associate Degree (AASHI)** (begins fall semester - August) Fall 20____
 - Magnetic Resonance Imaging (AASMI)** (MRI courses begin in summer semester - May) Summer 20____
 • Must also complete a separate MRI application at sc4.edu/MRI.
 - Medical Assisting - Certificate (CERMA)** (begins fall semester - August) Fall 20____
 - Radiologic Technology - Associate Degree (AASRD)** (begins summer semester - June/July) Summer 20____
 • Must also complete a separate radiologic technology application at sc4.edu/radiologictechnology.
 - Respiratory Therapy - Associate Degree (AASRP)** (begins fall semester - August) Fall 20____
 • St. Clair County Community College is currently in the process of seeking CoARC accreditation for a respiratory care program. However, St. Clair County Community College can provide no assurance that accreditation will be granted by the CoARC.
 • Must also complete a separate respiratory therapy application at sc4.edu/respiratorytherapy.

• There is a \$25 non-refundable fee per application (for **each** Allied Health program). Admission to your selected program(s) is not guaranteed.
 • You must complete a new application each year to each program for which you are applying. The \$25 fee **per application** is applicable each year.

SECTION III

Applicant's signature: _____ Date: ____/____/____
MONTH DAY YEAR

Please return application and check payable to:
 St. Clair County Community College
 Enrollment Services
 SC4 Welcome Center, first floor
 323 Erie St., P.O. Box 5015
 Port Huron, MI 48061-5015
 *All returned checks will incur a \$32 returned check fee, which will be due in addition to the \$25 application fee.

I have attended SC4 within the last two years.
 (If you have never attended SC4, or if it has been more than two years since you last attended, apply online at sc4.edu/apply.)

Have you ever applied to any SC4 allied health program in the past?
 Yes, year _____ No
 Program _____

Your Allied Health Program application will be returned to you if:

- You don't have a current application for admission on file (apply online at sc4.edu/apply).
- You didn't include your \$25 application fee (per application).

IMPORTANT:
 Official transcripts from all previously attended institutions must be submitted to the Records office by your allied health program's application deadline date.