

## Registration Checklist

### Phoenix College – Histology Technician Program Application

Preferred Submission Date: December 17, 2004

We appreciate your interest in the Histology Technician Program at Phoenix College. Please follow this checklist carefully to insure that your application and documentation are in order for the selection committee.

- Completed Histology Program Application
- Completed *Program Immunizations & Health Declaration*
- Completed and signed *Health Declaration*—signed after October 1, 2004
- Copy of MMR vaccination records *or* proof of positive titers for Measles, Mumps and Rubella
- Copy of Varicella vaccination records *or* proof of positive titer for Varicella
- Copy of Tetanus/Diphtheria (Td) vaccination records completed after January 1, 1995
- Copy of Hepatitis B vaccination records *or* proof positive of titer for Hepatitis B
- Copy of Negative TB skin test *or* chest x-ray completed after October 1, 2004
- Copy of CPR card for the Health Care Provider – must be valid through December 18, 2005
- Unofficial high school/college transcript showing completion of prerequisite course work *or* signed waiver for prerequisites
- Copy of high school diploma/GED
- Completed reference form to be mailed separately
- Completed experience/observation form

I have completed this form and attached all of the required documentation listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Number

If you have any questions about this process please contact Debi Moser  
at [debi.moser@pcmail.maricopa.edu](mailto:debi.moser@pcmail.maricopa.edu) or (602) 285-7427.



## Histology Technician Program Application

**Preference given to candidates with applications submitted by December 17, 2004**

Name \_\_\_\_\_  
*Last First Middle*

Former Name(s) (Maiden) \_\_\_\_\_  
*(names that may identify transcripts)*

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_  
*Work Home*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Permanent Address \_\_\_\_\_  
*Street City State Zip*

Email Address \_\_\_\_\_

Histology Technician reapplication?  yes, I applied in 2003 at Phoenix College  
 no

Are you a legal Arizona resident as defined in the Phoenix College catalog?  yes  no

Date present stay in Arizona began \_\_\_\_\_  
*Month Day Year (Date of birth if Arizona resident since birth)*

Most recent state of legal residence prior to moving to Arizona \_\_\_\_\_

What date did you leave that state? \_\_\_\_\_  
*Month Day Year*

### Part 1 – Education – List each college attended

COLLEGE – PRINT FULL NAME	CITY AND STATE	DATES ATTENDED

Check each level of education you have completed:

GED  High School Diploma  AA Degree  Other (please specify) \_\_\_\_\_

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## Part II – Checklist

Complete **EACH** of the following steps to insure that you receive proper credit:

Submit the following to: Debi Moser, Coordinator  
Histology Technician Admissions Office  
1202 West Thomas Road  
Phoenix, AZ 85013

- \_\_\_ 1. Completed Histology Technician Application postmarked **OR** hand-delivered
  - \_\_\_ 2. ALL UNOFFICIAL TRANSCRIPTS FROM **EACH** UNDERGRADUATE COLLEGE AND UNIVERSITY ATTACHED TO APPLICATION
  - \_\_\_ 3. Course work approved as substitute or equivalent, or pre-requisites waived must have written documentation. Verbal consent will not be accepted.
  - \_\_\_ 4. Request the Reference Form be completed by an employer and mailed directly to Debi Moser at the above address.
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Complete **EACH** of the following steps to insure that you receive proper credit:

Submit the following to: Phoenix College  
Admissions & Records  
1202 W. Thomas Road  
Phoenix, AZ 85013

- \_\_\_ 5. Phoenix College “Student Information Form” (application), if not currently enrolled.
- \_\_\_ 6. Official transcripts from all colleges and universities must be sent directly from issuing institution(s) and officially evaluated by the Phoenix College Office of Admissions and Records (*at the written request of the student*) as follows:
  - STEP 1:** Contact those colleges or universities requesting that your official transcripts be sent to Phoenix College Admissions and Records Office. There may be a charge for official transcripts.
  - STEP 2:** After 3 to 4 weeks, check with Phoenix College Admissions and Records Office at 602-285-7500 to verify arrival of all transcripts. If transcripts have not been received, contact the former institutions.
  - STEP 3:** (This step does not apply to schools within the Maricopa Community College District)
    - Complete Transcript Evaluation Request Form and submit it to the Office of Admissions and Records.
    - Official evaluation of your credits will be made after ALL transcripts have been received.
    - Following 3 to 5 weeks from the date that your last transcript has been received, you will receive a copy of the evaluation. Courses considered freshman level (numbered 100 or above) and grades of “C” or better may be transferred. Only credits from regionally accredited college(s) identified in the college catalog will be evaluated. If you have questions about this report, please contact your advisor.
  - STEP 4:** If you did not receive credit for a specific prerequisite or corequisite, you may have to provide a course description for review by Admissions and Records.

### International Transcripts

Please contact the Admissions and Records Office for evaluation of transcripts from institutions outside the United States.

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### **Part III – Course Work**

1. At least **four** prerequisites must be considered for evaluation and completed prior to the Histology Technician Program start date, April 3, 2005.
2. Only those grades completed and posted by the application deadline date will be considered for evaluation.
3. All courses must reflect a grade of “C” or better.
4. The minimum overall Grade Point Average in prerequisite courses must be 2.5.

#### **Prerequisites**

<i>Course</i>		<i>Grade</i>	<i>College</i>	<i>Date Completed</i>	<i>In Progress (Check)</i>
BIO 156	Introductory Biology for Allied Health				
CHM 130 <i>and</i> CHM 130LL	Fundamental Chemistry <i>and</i> Lab				
MAT 102	Math Concepts <i>or higher level math</i>				
HCC 130	Fundamentals in Health Care Delivery				
HCC 145 AA	Medical Terminology I <i>or comparable course</i>				
HCC 109 <i>or</i> EMT 101	CPR for HC Provider <i>or</i> Current CPR Certificate E (HC or Rescuer Level)				

### **Part IV – Experience in the Histology Field**

Attach the completed documents, “Experience in the Histology Field” and “Histology Field Employment/Observation Verification (or letter from employer) to your application.

### **Part V - Reference Form**

Request an employer to complete and mail the “Reference Form” directly to Phoenix College.

### **Part VI**

#### **I certify that:**

1. All information provided in this application is true and complete.
2. I understand that at least four prerequisites must be completed, and the candidate enrolled in the fifth prerequisite, prior to enrolling in the Histology Technician courses.
3. It is my responsibility to provide requested information to complete my file. Failure to provide all requested information may adversely affect my evaluation.
4. Admission to the program is conditional until all requirements have been satisfactorily completed.
5. I understand and agree to actively participate in the learning process as required.

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**Applicant Signature**

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**Date**

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**Part VII – Additional Information**

Describe any special skills you may possess that would enhance your application to the Admissions Committee.

**Equal Opportunity Statement**

It is the policy of Phoenix College and the Maricopa County Community College District to promote equal employment opportunities through a positive continuing program. This means that Maricopa will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, religion, gender, sexual orientation, national origin, age, disabled, or veteran status. Additionally, it is the policy of the Maricopa County Community College District to provide an environment for each Maricopa job applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual's race, color, religion, gender, sexual orientation, national origin, age, disabled, or veteran status.

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## Experience in the Histology Field (Attach to your application)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. Briefly describe your duties while observing/working in the histology field: \_\_\_\_\_

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### 2. Experience

Select only one of the following indicating your total length of experience in the histology field:

- 40 hours of observation or volunteer experience
- 6 months to less than 1 year paid full-time experience
- 1 year to less than 2 years paid full-time experience
- 2 years to less than 3 years paid full-time experience
- 3 years to less than 4 years paid full-time experience
- 4 years to less than 5 years paid full-time experience
- 5 years or more paid full-time experience

### 3. Work Experience/Observation Summary

Employer	From	To	Number of hours per week
<i>Example: Arizona Histology Lab</i>	<i>Jan. 1, 2000</i>	<i>Jan. 15, 2004</i>	<i>40</i>

4. I verify that all of the above information is true and correct. I understand that any falsification could result in non-acceptance into the program or dismissal from the program. Failure to complete and sign this document will result in non-consideration of work/observation experience

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Histology Field**  
**Employment/Observation Verification**  
*(Attach one form for each employer to application)*  
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Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Phone Number(s) \_\_\_\_\_

Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Dates of employment or observation (*Example: Jan. 1, 2002 to Jan. 15, 2004*) \_\_\_\_\_

Average number of hours per week in paid employment \_\_\_\_\_

Total number of hours in volunteer/observation \_\_\_\_\_

Brief description of duties/observation experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that \_\_\_\_\_ has worked for/observed me as listed above and that all of the above information is true and correct.

***Please attach a letter of recommendation on the letterhead of the supervisor, or have this form notarized.***

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Notary (or attach letter from supervisor on supervisor's letterhead)*

\_\_\_\_\_  
***PRINT Supervisor Name***

## Reference Form - Phoenix College Histology Technician Program

**Applicant Instructions:** This reference is required to complete your application. It must come from an employer who knows you well and can comment on your academic ability, employment skills and your suitability and preparation for a career in histology.

Please give the form to your designated reference, providing him or her with a stamped envelope, addressed to: **Debi Moser, Phoenix College Advisement Center, 1202 W. Thomas Road, Phoenix, AZ 85013.**

References written in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

*In accordance with the Family Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:*

\_\_\_\_\_ I waive my right of access to this reference form  
 \_\_\_\_\_ I do NOT waive my right of access to this reference form

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's name (please print) \_\_\_\_\_ Social Security # \_\_\_\_\_

**Evaluator Instructions:** Please complete the following information and return directly to the Phoenix College Advisement Center in the stamped envelope provided by the applicant. Sign the envelope on the back across the sealing flap.

Name \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

In what capacity: (check all that apply) \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor

Please indicate your evaluation of the applicant with a check mark:

	Exceptional	Excellent	Good	Average	Below Average	Not Observed
Intellectual Ability						
Communication Skills						
Emotional Maturity						
Adaptability						
Team Player						
Dependability						
Conflict Resolution						
Awareness of Limitations						
Reaction to Criticism						
Personal Integrity/Honesty						
Overall Evaluation						

Overall recommendation for admission to the Histology Technician Program:

\_\_\_\_\_ This applicant has my highest recommendation.  
 \_\_\_\_\_ I recommend the applicant with no reservation.  
 \_\_\_\_\_ I recommend the applicant with some reservations.  
 \_\_\_\_\_ I do not recommend this applicant.

Additional comments optional. You may attach a separate sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be postmarked NO LATER THAN DECEMBER 14, 2004.**