



**HEALTH SCIENCE PROGRAM OF
STUDY APPLICATION PROCESS**

STUDENT CHECKLIST

INSTRUCTIONS: Use this checklist to be sure you have included everything that is required in the application packet. Place this list in the packet with your other materials.

- 1. Check the college catalog for admission requirements.
- 2. Apply to the College of Coastal Georgia and complete all college admission requirements.
- 3. Submit Health Science application packet in a sealed envelope, **ATTN: Health Science Admission Committee**, which includes the following:
 - Completed Application**
 - Statement of Professional Goals**
 - Signed Health Insurance Requirement form**
 - Signed Core Essential Standards form**
 - Copy of any health-related license or certification**
 - Have application notarized (pg. 6)**

All the above materials (#3) MUST be submitted as a complete packet in a sealed envelope. Failure to submit all required documents in a single packet will result in application not being considered for admission.



COLLEGE OF COASTAL GEORGIA
Health Science Program of Study

DATE _____

Prior to completing this application read the CCGA catalog Health Science Program Admission Information and Requirements.

CCGA Student ID# _____

1. Full Name _____
last first middle

2. Date of Birth _____ Email address _____

3. Address _____
City State/Zip code

4. Telephone No. HOME _____ WORK/CELL _____

The above information will be used for communicating with you. Please immediately report all changes in name, address, or telephone number directly to the Department of Nursing and Health Sciences (912) 280-7745. Be sure the Registrar's office also receives these changes.

5. Area of Concentration (choose only one): HEALTH PROMOTION _____ or EXERCISE SCIENCE _____

6. Have you ever been a nursing, radiological science or health science student in this College? Yes _____ NO _____

7. Have you ever attended any health science program at another school? YES _____ NO _____

If YES, where? _____ Date attended _____

If YES, are you eligible for readmission to health science in that school? YES _____ NO _____

8. Did you receive a **(D)** or a **(F)** in any health science course at this college or another college? If YES, attach a brief explanation as to what you perceive to be the factors that interfered with your success in the last health science course you were enrolled in.

YES _____ NO _____

9. Do you hold or have you ever held any Health related license or Certification? YES _____ NO _____

Submit a current copy of license or certification

License number or certificate number _____ State _____

10. Do you hold a degree? Circle all that apply: Associate Bachelor Masters

Criminal background checks and/or drug testing may be required by individual agencies. The cost will be the responsibility of the student. Denial to a site as a result of the check/testing could result in dismissal from the health science program.

_____ **Please initial acknowledging above information**

Criterion	Yes	No
Have you ever been convicted of a crime other than a minor traffic offense?		
Are there any criminal charges currently pending against you?		
Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, an Alford plea to a criminal charge, or a plea under a first offender act?		
Do you currently have disciplinary or academic misconduct charges pending against you from a high school, college, or university?		
Have you ever been disciplined, suspended, or expelled for conduct code violations from a high school or a postsecondary educational institution?		

If answered Yes to any of the above questions, please explain on a separate sheet of paper and attach to this application.

On a separate page, please provide a minimum 1-page, typed Statement of Professional Goals as a Health Promotion or an Exercise Science specialist upon graduation.

Additional Information:

Travel at own expense to field sites. Note: some practical experiences may be distances up to 100 miles.

Field practical experiences may be scheduled during days, evenings/nights and weekends as required by the field site.

Please sign acknowledging above information. _____.

Applicant's signature

**COLLEGE OF COASTAL GEORGIA
CORE PERFORMANCE STANDARDS**

All students applying to the Health Science Program are expected to have the following competencies in order to effectively and safely perform the responsibilities of a student health professional.

Core Performance Standards for Admission and Progression

Requirements	Standards	Examples
Critical thinking	Critical-thinking ability sufficient for rapid judgment and decision making	Identification of cause/effect relationships in field experience situations. Use of the scientific method in the development of client education or training plans. Evaluation of the effectiveness of health interventions.
Interpersonal skills	Interpersonal abilities sufficient for interactions with individuals, families and groups from various social, emotional and intellectual backgrounds	Establishment of rapport with clients and colleagues. Capacity to engage in successful conflict resolution. Peer accountability
Communication in English	Communication abilities sufficient for verbal and written interaction with others, including note taking abilities and the ability to rapidly interpret and disseminate information.	Explanation of exercise prescription or health intervention, initiation of health teaching. Documentation and interpretation of actions and client participation and outcomes.
Mobility	Physical abilities sufficient for movement in small spaces and in training/assessment situations.	Movement about work spaces and training/fitness areas. Administration of rescue procedures- cardiopulmonary resuscitation.
Motor skills	Gross and fine motor abilities sufficient for providing safe, effective assessment, training, and education.	Calibration and use of equipment. Demonstration to clients. Positioning of clients.
Hearing	Auditory ability sufficient for monitoring and assessing health needs.	Ability to hear device signals/alarm and other emergency signals. Ability to discern auscultatory sounds and cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in health promotion and exercise science	Ability to observe client's condition and responses to verbal instructions.
Tactile Sense	Tactile ability sufficient for physical assessment	Ability to palpitate in health and physical fitness assessments/interventions.

*Adapted from: Source: Southern Regional Education Board. (2004). Americans with Disabilities Act: Implications for Nursing Education. Retrieved March 1, 2010 from http://www.sreb.org/page/1390/the_americans_with_disabilities_act.html

NOTE: There may be more stringent requirements for clinical agencies that may preclude the student's progression in the health science program

I have read the above Core Performance Standards for Admission and Progression and hereby represent that I can effectively and safely perform the competencies listed.

Signed: _____ Date: ___/___/___



NOTIFICATION OF HEALTH INSURANCE
REQUIREMENTS FOR STUDENT PRACTICE AT
CERTAIN CLINICAL SITES

While the College of Coastal Georgia encourages that all students have health insurance coverage to promote optimal health and wellness outcomes, the College does not require students to have health insurance as a condition of enrollment. However, students who are pursuing a degree in a nursing, health science or related clinical or pre-medical field may be required by certain clinical practice sites to have health insurance. You are receiving this notification and acknowledgement of responsibility because you are a student enrolled in a course of study that may require you to train at a clinical practice site which requires health insurance coverage of its employees and student trainees.

**Acknowledgment of
Responsibility**

As a student at the College of Coastal Georgia, I understand that I am enrolled in a course of study that will require my participation in one or more clinical training programs at a hospital or health care facility. I have been advised that while working in such an environment every effort will be made to protect me, however, it is possible that I may be involved in an accidental injury or be exposed to illnesses and diseases that might require medical treatment. For this reason, many hospitals and health care facilities providing clinical rotation opportunities require students to have comprehensive sickness and accident health insurance coverage equivalent to that carried by their employees. These institutions may request me to provide proof of my healthcare coverage.

I understand that if I do not maintain healthcare coverage while enrolled in a course with a clinical component, or if I am unable to provide proof of coverage, I could be removed from the clinical rotation, which would result in my being removed from the program and failing the course. I also understand that health insurance coverage is important, because if I am injured or become ill as a result of my clinical rotation, any costs for medical treatment will be my sole responsibility.

I have read and understand the College health insurance advisory above. My signature is proof of my commitment to obtain and maintain health insurance coverage, at a minimum while in a program requiring clinical rotations.

Participant Name (Print)

Participant Signature

Date

Students who need access to health insurance coverage should consult the student handbook and/or request information from the Department of Nursing and Health Sciences or the Office of Student Affairs. Group health insurance is available for individual, voluntary purchases through a number of student professional associations as well as the University System of Georgia.

I understand that falsification of any information contained in this application will result in a dismissal from the health science program at the time that falsification is discovered.

State of _____

County of _____

On this _____ day of _____, 20____, I _____
PRINT NAME

certify that the preceding application is true, exact, and complete.

Legal Signature of Applicant _____

Seal

Sworn to before me this ____ day of _____ 20____

Notary Public _____

Commission Expires _____