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.
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

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been convicted of a crime other than a minor traffic offense?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any criminal charges currently pending against you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently have disciplinary or academic misconduct charges pending against you from a high school, college, or university?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been disciplined, suspended, or expelled for conduct code violations from a high school or a postsecondary educational institution?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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

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


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 ______________________