Grossmont College

APPLICATION TO THE <u>ORTHOPEDIC TECHNOLOGY PROGRAM</u>

To be eligible for the Orthopedic Technology Program, this application must be completed in full. Please review it carefully.

Name: (Last Name, First Name, Middle Name)	**Home Phone:**
Previous Name: (Important if your records reflect a name different from above.)	**Alternate Phone No.** (Cell)
Address: ** (Street, City, State, Zip Code)	
Birth Date: (Confidential-for records only)	**High School:** (City, State)
E-mail Address: ** (Most communication done via e-mail, please type or print legibly)	

PREREQUISITE*	Course Number	No. of Units	Lab Course Y/N?	Year Completed	Name of College/University	Letter Grade Received
BIO 140 --Anatomy *OR* BIO 144 Anatomy & Physiology						

*Please submit this application only *after* you have completed and received a grade for the science prerequisite. **Minimum grade for prerequisites is a "C" or better,** taken within the last 7 years of the application date. If the science prerequisite was completed at a college outside of San Diego County, please provide the course description from the college catalog or from their website to be considered for equivalency. **Submit official transcripts of all prerequisites with this application. Your application is incomplete and you will not be placed on the program waitlist until prerequisite transcripts are in the Orthopedic Tech Office.**

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY: ☐American Indian or Alaskan Native ☐African-American ☐Asian or Pacific Islander ☐Hispanic ☐Filipino ☐White ☐Other
☐Male ☐Female

College and/or Post High School Education	Name of College	Years Attended	Degree Received

How did you hear about the Orthopedic Technology Program?

Do you have work experience in the health care field? ☐ **Yes** ☐ **No**

If yes, place and dates of employment:

Print Name: (inside box)   **Date**: (inside box)

Student's Initial: (inside box)

APPLICATION PACKET SUBMISSION INSTRUCTIONS:

**Application must be submitted in person, unless you live outside of San Diego County. If you need to mail your application; please use the address below.
- **Turn in the completed Ortho Tech Program Application along with the following documents:**
  - **Completed "Grossmont College Health Professions Immunization Requirements" form which includes: MMR, HepB and quantitative seropositivity blood test, TDap, and Varicella immunizations (see form for details)**
  - **Sealed Official transcripts for all prerequisite coursework - unless taken at Grossmont or Cuyamaca College (we can pull those transcripts for you).**
  - **Copy of your high school diploma (GED is fine) or higher degree. Foreign documents must be reviewed by www.IERF.org or www.ACEI.org and they must be official.**

Grossmont College
Attn: Orthopedic Technology Program
8800 Grossmont College Drive, Bldg 34, Room 256
El Cajon, CA 92020
619-644-7448
www.grossmont.edu/orthotech

Office Use:
Application Date:
Completion Date:

Students in **ALL** programs will be required to complete the background check that includes a urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT**. Students will be given the information to obtain these requirements **AFTER** admission to the program.

**Important: If you have a change in address, phone number, or e-mail while on the wait list, you must contact the Grossmont College Orthopedic Tech Office in writing. Your status on the wait list will be compromised if we are unable to reach you. You may e-mail changes to denise.gilbert@gcccd.edu.