



# Program Application Health Professions

Date: \_\_\_\_\_

**Return completed application & all required documentation to:**

**Portland Community College**  
Allied Health Admissions, OCAUOAFH  
705 N. Killingsworth St.  
Portland, OR 97217

### Cascade Campus Programs

- Alcohol & Drug
- Health Information Management
- Medical Assisting
  - Cascade Campus
  - Willow Creek
- Medical Laboratory Technology
  - Cascade Campus
  - Distance Learning Program\*
- Ophthalmic Medical Technology

**PLEASE TYPE OR PRINT CLEARLY**

### Personal Information

PCC I.D.# \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Initial Maiden*

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

email: \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Education

GED: \_\_\_\_\_  
*Where Year Score*

High School: \_\_\_\_\_  
*Name City State Year*

College/University \_\_\_\_\_  
*Years Degrees*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Include official transcripts from high school of graduation or a copy of GED certificate with scores.  
Include official transcripts from university and/or college (other than PCC).  
In the event you wish to substitute a course for a PCC requirement, you **MUST** also supply a printed course description from the college where the course was taken.  
Individual programs have specific deadlines, including current contact information. Failure to meet deadlines may prevent acceptance to that program.  
\*MLT Distance Learning Students must live outside the Portland Metropolitan area.

**All required documentation is the full responsibility of the applicant.**

