Portland Community College

Program Application
Health Professions

Date: _____

Return completed application & all required documentation to:

Portland Community College
Attn: Admissions CA JH210
705 N. Killingsworth St.
Portland, OR 97217

PLEASE TYPE OR PRINT CLEARLY

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

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.

* Distance Learning Students must live outside the Portland Metropolitan area.

All required documentation is the full responsibility of the applicant.

Experience/Reason for Applying

Describe any special skills, work experience or training that you have had which might be helpful to you in the program. Explain how you heard about this program, and why you are applying.

student signature

Disabilities and Program Admissions Testing

Federal laws designed to prevent discrimination of persons with disabilities prohibit Portland Community College programs from making pre-admission inquiries about handicapping conditions. If you require special arrangements or accommodations to take the admissions examination, please contact the Office for Students With Disabilities (OSD), Sylvania Campus, ST 229, telephone number 503-977-4341. Documentation of disability and handicapping condition, and your request for accommodation must be received by OSD at least three weeks prior to the examination date. This information will be kept in strict confidence, and has no effect on your admission to the program.

Portland Community College
P.O. Box 19000
Portland, Oregon 97280-0990

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