

# Valencia College

## Health Sciences Program Application

### Advanced Technical Certificate (ATC) in Leadership in Healthcare

This application is to be submitted once you have received notification of admission to Valencia as a *candidate* for the Advanced Technical Certificate in Leadership in Healthcare. No application fee is required.

Date of Application: \_\_\_\_\_ Valencia ID (Required) \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number(s) with Area Code \_\_\_\_\_

Atlas Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Birth Date \_\_\_\_\_ Male  Female  Race (Optional) \_\_\_\_\_

Have you reviewed the current Program Guide for the ATC in Leadership in Healthcare to learn about the program and see that you meet the admission requirements?  Yes  No

Are you a U.S. citizen or permanent resident?  Yes  No

If you have applied to, or been enrolled in, another limited access Health Sciences program at Valencia in the past 12 months, indicate which one(s):

\_\_\_\_\_

Indicate your degree field of study and level of degree earned:

Cardiovascular Technology	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Dental Hygiene	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Diagnostic Medical Sonography	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Emergency Medical Services	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Health Information Technology	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Nuclear Medicine Technology	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Nursing	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Radiation Therapy	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Radiography	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's
Respiratory Care	<input type="checkbox"/> Associate or <input type="checkbox"/> Bachelor's

Institution where degree was earned: \_\_\_\_\_

**DECLARATION**

I understand that all courses in this program are offered online. I understand that it is fraudulent to misrepresent any information on this application and I affirm that all information on this application is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this application:**

**By mail**

Please mail the application to  
Health Sciences Advising  
Valencia College Mail Code 4-30  
1800 S. Kirkman Road  
Orlando, FL 32811

**In Person**

Health Sciences Advising  
Building 1, Room 130  
Valencia College West Campus  
1800 S. Kirkman Road  
Orlando, FL 32811