



PSYCHIATRIC TECHNICIAN PROGRAM

APPLICATION PACKET FOR AUGUST 2018 COHORT

DEADLINE: 4/16/18 – 7/30/18 BY NOON (NO EXCEPTIONS!!)

PROGRAM REQUIREMENTS:

- Must be **18 years old** or older at time of Application Submission
- Must be a **registered student** at West Hills College
- Copy of **current Driver's License or ID Card**
- Copy of **Social Security Card**
- Copy of **High School Diploma or GED**
 - **ALL FOREIGN TRANSCRIPTS MUST BE EVALUATED** (see page 6 of information packet)
- **COLLEGE TRANSCRIPTS** – All transcripts must be submitted with the Psychiatric Technician Program Application. **No in progress grades, notes or emails will be accepted** (NO EXCEPTIONS!)
 - **WEST HILLS COLLEGE** – One (1) Un-Official Transcript
 - **ALL OTHER COLLEGES** – One (1) **Official, Un-Opened Transcript** for each college attended
 - Official Transcripts are to **remain sealed** only to be opened by West Hills College Staff
 - **ALL FOREIGN TRANSCRIPTS NEED TO BE ELAVUATED** (see page 6 of information packet)
- **Placement Test Scores** (Placement Tests are only required if you haven't completed Program Pre-requisites)
- **Veteran Status Eligibility – Copy of DD214 Required**

PRE-REQUISITES: (PENDING BOARD APPROVAL)

- 1.) Active California Certified Nursing Assistant License
- 2.) HS-080 "Introduction to Medical Professional" 2 units with a grade of a "C" or better
- 3.) HS-088 "Medical Terminology for Health Careers" 2 units with a grade of a "C" or better
- 4.) VNPT-090 "Math for Medical Professionals" 1 units with a grade of a "C" or better
- 5.) ENGLISH 51A (WHC Course or Equivalent) 3 units with a grade of a "C" or better – Required

PLACEMENTS TESTS: (Placement Tests can be submitted in lieu of English 51A Pre-Requisite Coursework. For more information regarding a Placement Test, please contact Student Services at [\(559\) 934-2300.](tel:5599342300))

- English 1A or 51B (WHC)
 - **Placement Tests are required only if Pre-Requisite Course work has not been completed**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF REASON

1. APPLICATIONS THAT CONTAIN MISSING INFORMATION WILL NOT BE ACCEPTED (Please be sure to fill in every field of the application – notating N/A where necessary)
2. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT ALL COLLEGE TRANSCRIPTS SUBMITTED ARE UP TO DATE AND SUBMITTED CORRECTLY AS STATED ABOVE. (Failure to provide all transcripts, whether from West Hills or from other colleges will result in application being denied)
3. "IN PROGRESS" CLASSES WILL NOT COUNT FOR PRE-REQUISITE COURSEWORK. **NO EXCEPTIONS!**
4. PACKETS MUST BE IN THE HEALTH CAREERS OFFICE OR THE HEALTH CAREERS MAIL BOX BY THE DEADLINE (Please allow plenty of time if mailing packets – Postmark Dates will not be considered)

INCOMPLETE APPLICATIONS WILL NOT BE ACCESPTED AND CONTINUED INTEREST IN THE PROGRAM WILL REQUIRE RE-SUBMISSION OF COMPLETE APPLICTION PACKETS!!



PSYCHIATRIC TECHNICIAN PROGRAM
APPLICATION PACKET INSTRUCTIONS & CHECK-LIST

NAME _____ SUBMISSION DATE _____

REQUIRED INFORMATION

1. Applicant's Name
2. West Hills College ID Number (Must be a registered Student at West Hills College)
3. Driver's License Number or State ID Card Number
4. Social Security Number
5. Date of Birth
6. Veteran Status
7. LVN and/or CNA Licensure Information
8. Physical Address (home address)
9. Mailing Address (if different from home address)
10. Primary Phone
11. Alternate Phone
12. West Hills College Email Address
13. West Hills College Enrollment
14. All Other College Enrollments
15. Previous Psychiatric Technician Programs
16. Signature and Date

ALL QUESTIONS MUST BE ANSWERED – IF A QUESTION DOES NOT APPLY TO YOU – MARK IT “NA”

APPLICATION PACKET CHECKLIST (PLEASE PUT PACKET IN ORDER OF CHECKLIST FOR SUBMITTAL)

- _____ Completed Application (missing information will void application)
- _____ Copy of Current Driver's License or California ID Card
- _____ Copy of Social Security Card
- _____ Copy of High School Diploma or Equivalency (GED)
- _____ Copy of Academic Profile for West Hills College (**print “my profile” from academic profile / West Hills Portal**)
- _____ Copy of Placement Test (If Pre-Requisite Course work has not been completed)
- _____ Copy of DD214 (For veterans who would like priority registration – discharge must be honorable)
- _____ Release of information (included in application packet)
- _____ Student Demographic Sheet (included in application packet)

TRANSCRIPTS OF ALL COLLEGE COURSES TAKEN

- _____ WEST HILLS COLLEGE TRANSCRIPTS – **Un-Official Transcripts** will be accepted
- _____ ALL OTHER COLLEGE TRANSCRIPTS – One (1) **Official, Un-Opened Transcript** required for each college attended

APPLICATIONS PACKETS MUST BE COMPLETED IN THEIR ENTIRETY.

**APPLICATIONS WITH ANY MISSING INFORMATION AND/OR DOCUMENTATION
WILL NOT BE CONSIDERED**



APPLICATION FOR AUGUST 2018 - PSYCHIATRIC TECHNICIAN PROGRAM

APPLICATION SUBMISSION START AND DEADLINE: 4/16/18 – 7/30/18 BY NOON (NO EXCEPTIONS!!)

1) NAME

LAST	FIRST	MIDDLE
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2) WHC ID NUMBER

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3) DRIVER'S LICENSE NUMBER

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4) SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

5) DATE OF BIRTH

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6) ARE YOU A VETERAN?

NO YES (COPY OF DD214 REQUIRED)

7) ARE YOU A LICENSED CALIFORNIA LVN and/or CNA?

NO YES (please provide a copy of license)

8) PHYSICAL ADDRESS (HOME ADDRESS)

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CITY

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STATE

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ZIP CODE

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9) MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)

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CITY

--

STATE

--	--

ZIP CODE

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10) PRIMARY PHONE

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11) ALTERNATE PHONE

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12) WEST HILLS COLLEGE EMAIL (Required)

	@my.whccd.edu
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ALTERNATE EMAIL

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13) WEST HILLS COLLEGE ENROLLMENT

HAVE YOU ATTENDED WEST HILLS COLLEGE IN THE PAST? NO YES IF YES, PLEASE LIST DATE(S):

14) ALL OTHER COLLEGE ENROLLMENTS

HAVE YOU ATTENDED ANY OTHER COLLEGES? NO YES IF YES, OFFICIAL (UN-OPENED) TRANSCRIPTS REQUIRED FROM EACH

15) HAVE YOU PREVIOUSLY ATTENDED ANY PSYCHIATRIC TECHNICIAN PROGRAMS?

NO YES IF YES: SCHOOL NAME DATE

16) SIGNATURE AND DATE: BY SIGNING, APPLICANT AGREES TO THE FOLLOWING STATEMENTS:

- I hereby affirm under penalty of dismissal that all information supplied in this application is complete and accurate.
- I understand that I will be required to pass a complete background check and fingerprinting, upon being accepted into the Psychiatric Technician Program. I also understand that if my record reflects convictions of assault, fraud, chemical dependencies or are currently on probation that I could be asked to leave the program at any time.
- I understand that failure to provide complete and accurate information (including all supplemental documentation as stated on the Application Instructions & Check-List Page, will result in my application being void and that I will need to re-apply to be considered for the program.

APPLICANT SIGNATURE	DATE
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FOR HEALTH CAREERS OFFICE USE ONLY

<input type="checkbox"/> DL/ID	EXP DATE:	<input type="checkbox"/> SS	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> GED	<input type="checkbox"/> PROFILE	<input type="checkbox"/> DD214	<input type="checkbox"/> RELEASE	<input type="checkbox"/> DEMO	<input type="checkbox"/> INCOMPETE APPLICATION	
FOREIGN DOCUMENTS EVALUATED:		<input type="checkbox"/> H.S.	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> PLACEMENT TEST	<input type="checkbox"/> WHC UNOFFICAL TRANSCRIPTS	<input type="checkbox"/> OFFICIAL TRANSCRIPTS X				
APP REC'D BY:	IN PERSON / MAIL	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> AF	<input type="checkbox"/> AF/AM	<input type="checkbox"/> AS/PI	<input type="checkbox"/> CAU	<input type="checkbox"/> HISP	<input type="checkbox"/> NA/AM	<input type="checkbox"/> OTHER
CNA EXP DATE:		LVN	EXP DATE:							
DROP DATE:	REPEAT(S)	1	2	NOTES:						

FOR COUNSELING OFFICE ONLY

TRANSCRIPTS		PLACEMENT TEST SCORES		ADDITIONAL COURSES		
HS- 080 COURSE	GRADE	MATH COURSE	SCORE	<input type="checkbox"/> VNPT-90	<input type="checkbox"/> HS-080	<input type="checkbox"/> HS-088
ENGLISH COURSE	GRADE	ENGLISH COURSE	SCORE	<input type="checkbox"/> PT-101	<input type="checkbox"/> VNPT-50	<input type="checkbox"/> CNA LICENSE
APPLICATION: APPROVED / DENIED	EVALUATED BY:	DATE:				
REASONS FOR DENIAL:						



WEST HILLS COLLEGE
COALINGA

Health Careers

300 Cherry Lane ■ Coalinga, CA 93210 ■ 559-934-2760

PSYCHIATRIC TECHNICIAN PROGRAM

RELEASE OF INFORMATION

Personally identifiable information from educational records may not be released without the prior written consent of the student, except as specified under the provisions of FERPA (Family Educational Rights and Privacy Act of 1974).

The West Hills Community College District **Health Careers Program** is required by its contracts with various health facilities for clinical placements with the clinical and community institutions to provide certain personal information to the agency. The release of information is required in order to allow you to receive your clinical experience. The **clinical agencies** are required to have certain information because of **JACHO accreditation** and other **Federal requirements**.

*Our agreement with **sponsoring hospitals** requires us to share information with them regarding your application, attendance, academic and clinical progress. You have already agreed to this information reporting in exchange for sponsoring students being in the Contract Ed Program.*

It is therefore necessary for you to provide your clinical instructor a **Release of Information** form when you give him/her the immunizations, TB test results, malpractice insurance information, background clearance, physical exams, etc. as requested by each **clinical agency**.

By signing this form you are giving the **District** and the **Health Careers Program** or its representative such as your clinical instructor, the right to provide your personal and academic information to the **agency** in need of specific information necessary for your **clinical rotation** or **Contract Ed Program** or for your **Extern position**. This includes the release of your grades on a pass/fail basis and for any safety issues that might arise.

NAME OF STUDENT (please print)

SIGNATURE OF STUDENT

DATE



PSYCHIATRIC TECHNICIAN PROGRAM
STUDENT DEMOGRAPHICS

STUDENT'S NAME _____ TODAY'S DATE _____

DRIVER'S LICENSE NUMBER _____ WHCCD ID NUMBER _____

GENDER: MALE FEMALE

DATE OF BIRTH _____

AGE: 18-25 26-35 36-45 46-55 56 & ABOVE

ETHNICITY: African African –American Asian /Pacific Islander Caucasian
Hispanic Native-American Other

PRIMARY LANGUAGE _____ ADDITIONAL LANGUAGES _____

ESL (English as a Second Language)? YES NO

DO YOU RECEIVE FINANCIAL AID? YES NO

IF YES, WHAT TYPE OF AID? (BOGG Waiver, Work Force, etc.) _____

WORK AT COALINGA STATE HOSPITAL? YES NO

LICENSED CALIFORNIA CERTIFIED NURSE ASSISTANT? YES NO



PSYCHIATRIC TECHNICIAN PROGRAM

FOREIGN DOCUMENTATION GUIDELINES

All foreign educational records (**High School Diploma, College Records**) must be evaluated by an official accredited evaluation service. Evaluations must be official, sealed reports including U.S. educational equivalency for terms, degrees, course listings, and semester credit hours. Most agencies classify this as a “**course by course report**”.

TRANSCRIPT EVALUATION AND TRANSLATION SERVICES

WORLD EDUCATION SERVICES

ADDRESS: Bowling Green Station, P.O. Box 5087, New York, NY 10274-5087

PHONE: (212) 966-6311

FAX: (212) 739-6100

WEB ADDRESS: www.wes.org

EDUCATIONAL CREDENTIAL EVALUATORS, INC.

ADDRESS: P.O. Box 514070, Milwaukee, WI 53203-3470

PHONE: (414) 289-3400

FAX: (414) 289-3411

WEB ADDRESS: www.ece.org

AMERICAN EDUCATION RESEARCH CORPORATION

ADDRESS: P.O. Box 996, West Covina, CA 91793-0996

PHONE: (818) 339-4404

FAX: (818) 339-9081

WEB ADDRESS: www.aerc-eval.com

THE FOREIGN EDUCATIONAL DOCUMENT SERVICE

ADDRESS: P.O. Box 4091, Stockton, CA 95204

PHONE: (209) 948-6589

FAX: (209)937-0717

INTERNATIONAL EDUCATION RESEARCH FOUNDATION, INC.

ADDRESS: P.O. Box 3665, Culver City, CA 90231-3665

PHONE: (310) 258-9451

FAX: (310) 342-7086

WEB ADDRESS: www.ierf.org

NORTHERN CALIFORNIA TRANSLATORS ASSOCIATION (NCTA)

ADDRESS: P.O. Box 14015, Berkeley, CA 94712-5015

PHONE: (510) 845-8712

FAX: (510) 883-1355

WEB ADDRESS: www.ncta.org

SOUTHERN CALIFORNIA AREA TRANSLATORS AND INTERPRETERS

ADDRESS: P.O. Box 802696

PHONE: (818) 725-3899

FAX: (818) 340-9177

WEB ADDRESS: www.scatia.org
