

St. Vincent's College

2800 Main Street
Bridgeport, Connecticut 06606

Continuing Education

Certificate Programs:
Application for Admission



Phone: 203.576.5651

Fax: 203.576.5318

Toll Free: 1.800.873.1013

www.stvincentscollege.edu

St. Vincent's College

Application Instructions

An application file is considered complete and ready for review when all of the supporting documents have been received. Call the Continuing Education Office at 203.576.5651 or e-mail: continuinged@stvincentscollege.edu if you need further assistance.

All applicants must submit a completed application, along with:

- ✓ Non-refundable application fee of \$25.00 made payable to "St. Vincent's College"
- ✓ Official transcript(s) from all high schools attended or GED (not applicable to applicants who have a degree from a regionally accredited institution of higher education)
- ✓ Official college transcript(s) (if attended)
- ✓ Immunization record for non-clinical programs (applicable if born after 12/31/1956)

The following certificates have additional requirements:

Central Sterile Processing Technician

- ✓ Two (2) Letters of Recommendation
- ✓ Written Essay
- ✓ Security Background Check

*** Computed Tomography (CT Scan)**

- ✓ Official College Transcript
- ✓ Copy of Current and Official Connecticut State License in Radiologic Technology (ARRT), Radiation Therapy (ARRT), or Nuclear Medicine Technology (NMTCB)
- ✓ Two (2) Letters of Recommendation (program/employer)
- ✓ CPR Certification

*** Diagnostic Medical Sonography (Ultrasound)**

- ✓ Official Radiography Program Transcript
- ✓ Copy of Current and Official Connecticut State Radiographer License
- ✓ Two (2) Letters of Recommendation (radiography program/employer)
- ✓ CPR Certification

Hospital Coding

- ✓ English Placement Test
- ✓ Arithmetic Placement Test

*** Medical Assisting**

- ✓ English Placement Test
- ✓ Arithmetic Placement Test

Multi Skilled Assistant

- ✓ Two (2) Letters of Recommendation
- ✓ Entrance Test
- ✓ Health Clearance & Security Background Check

Pharmacy Technician

- ✓ Arithmetic Placement Test
- ✓ Security Background Check

*** RN Refresher**

- ✓ Copy of CT RN License (must be current)
- ✓ Evidence of current Professional Liability Insurance
- ✓ CPR Certification

- * *All students are required to complete the health clearance, drug testing, a security background clearance and provide a copy of current health insurance (effective Fall 2010) before starting a clinically-based program.*

Instructions/Notes

- **Official** high school or college transcripts *must be sent directly from the school(s).*
- Contact the Board of Education if you are unable to obtain your official high school transcripts.
- For transfer students, if you have not yet completed the semester, you may request a transcript that shows courses in progress. **(Please request a final transcript at the end of the semester.)**
- If you are applying for financial aid, please remember to list St. Vincent's College. Our Federal School Code number is 006191.

Post Secondary Education: List all formal education beyond high school.

Dates From To	Name of Institution	City and State	Major	Credentials Earned (Diploma, Certificate, Degree, No. of Credits)

Employment Data

Please list current or most recent employment. **Note: If you have been out of school more than three years, an employment resume must be submitted with your application.**

Most recent employer	Position	Dates of employment
Street	City	State Zip Code

Do you have any relatives or friends attending or who have attended St. Vincent's? NO YES

General Information

In case of emergency, please notify:

Full name/relationship	Address	() Telephone Number
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Do you have any relatives or friends attending or who have attended St. Vincent's? NO YES
(Please list name, relationship, class/year.)

Have you previously applied for admission to SVC? Yes No If Yes, Year _____

Have you previously enrolled here? Yes No If Yes, Major and Year _____

How did you hear about St. Vincent's College (please be specific)? _____

The following information is **optional** and is requested for use on federal and state reports as well as institutional research. Supplying this information is not used in determination of one's eligibility for admission, nor will it be used in any type of discriminating manner. **You may check more than one designation.**

Racial/Ethnic Background:

<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian

I, the undersigned, apply for admission to St. Vincent's College. I understand that the students accepted for enrollment are expected to familiarize themselves with and abide by the regulations of the College as promulgated and understand my responsibilities to do this. I agree that the information given on this application is true to the best of my knowledge. I further understand that any falsification or omission of information will result in my acceptance to the College being rescinded.

Signature _____	Date _____
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St. Vincent's College admits qualified students without regard to race, religion, color, age, sex, marital status, ethnic origin and handicap status to all rights, privileges, programs, and activities generally accorded or made available to students at the College. St. Vincent's does not discriminate in the administration of educational policies, admission policies, financial aid policies, and other College administered programs.

For Office Use Only:

Date _____ Fee Received _____ Initials _____