

St. Petersburg College Health Programs Application

Thank you for your interest in the limited-enrollment health programs at St. Petersburg College. The St. Petersburg College general application and fee also must be submitted prior to or with this form. All students applying for admission must satisfy the minimum admission requirements of their selected health program. Please refer to our Web site (www.spcollege.edu/hec/) or the college catalog for answers to any questions regarding minimum admission requirements. Students currently enrolled in the last of their minimum requirements may submit this application on the first business day following the end of the current term. Applicants will be notified of their program start date within four to six weeks after submission of this form. The St. Petersburg College Board of Trustees reserves the right to discontinue or decrease the enrollment size of any program when college resources or local employment demands diminish. Furthermore, students who have not commenced their specialty coursework shall have no vested right. Preference for admission to an SPC health program may be given to Pinellas County residents as described in Florida Statute 1009.21. Applicants will be notified by mail of the process for conducting background checks and drug screenings (required for enrollment in selected health programs).

Please check the program for which you are applying (only one per form):

<input type="checkbox"/> CRT – Respiratory Care Transitional	<input type="checkbox"/> Human Services	<input type="checkbox"/> Physical Therapist Assistant
<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> LPN-RN Transitional Day	<input type="checkbox"/> Respiratory Care
<input type="checkbox"/> Emergency Medical Technician Day	<input type="checkbox"/> LPN-RN Transitional Evening	<input type="checkbox"/> Veterinary Technology Distance Education
<input type="checkbox"/> Emergency Medical Technician Evening	<input type="checkbox"/> Medical Coder	<input type="checkbox"/> Veterinary Technology
<input type="checkbox"/> Funeral Services	<input type="checkbox"/> Medical Laboratory Technology (online)	
<input type="checkbox"/> Health Informatics – A.S. degree	<input type="checkbox"/> Paramedic	
<input type="checkbox"/> Healthcare Informatics – Certificate	<input type="checkbox"/> Paramedic/EMS – Respiratory Care Transitional	
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Paramedic – RN Transitional Evening	

Name _____
Last
First
Middle

Student number _____ Previous name(s) _____

Please notify the Health Education Center of any address/phone/e-mail changes.

Address _____ Home phone _____
Street

_____ Work phone _____
City
State
ZIP Code

E-mail address _____ Cell phone _____

Florida County of residence _____ Date residence established _____

For Office Use	<hr/> <hr/> <hr/> <hr/>
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High school attended _____

Location of high school _____
City State ZIP Code

Did you graduate? yes no If yes, date of graduation _____ If no, do you have a GED? yes no

Please list all colleges currently attending or previously attended, dates of attendance and any degrees earned (attach additional listings as necessary):

_____ from _____ to _____ degree _____
_____ from _____ to _____ degree _____
_____ from _____ to _____ degree _____
_____ from _____ to _____ degree _____

Have you ever been convicted of a felony? yes no If yes, have your civil rights been restored? yes no

I understand that *at the time of application*, I am responsible for completing all minimum admission requirements for my selected health program. (At the time of matriculation, you must continue to meet the admission requirements of your selected health program.)

Signature _____ Date _____

Optional

- 1) Birth date _____ 2) Gender ___ Female ___ Male
- 3) Race ___ American Indian/Alaskan native ___ Asian/Pacific Islander
- ___ Black, non-Hispanic origin ___ Hispanic ___ White, non-Hispanic origin

Information on ethnic origin and gender of students is VOLUNTARY and will not be used for discriminatory purposes.

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at 727-341-3261; by mail at PO Box 13489, St. Petersburg, FL 33733-3489; or e-mail the EA/EO director at eaao_director@spcollege.edu.

This application must be brought in person, mailed or faxed directly to the Health Education Center.

Mailing Address

Admissions/Records Office
Caruth Health Education Center
St Petersburg College
PO Box 13489
St Petersburg FL 33733

Contact us

Admissions/Records: 727-341-3757
Fax: 727-341-3761
Advising: 727-341-3687

Other inquiries: 727-341-4772 or
information@spcollege.edu