

Healthcare Technician
 Medical Office Specialist Certifications
 Advising Checklist

NAME: _____ STUDENT ID# _____

ADDRESS: _____ H.S./GED _____ Date: _____

CITY COUNTY STATE ZIP: _____

PHONE: _____ (H) STUDENT VCCS EMAIL ADDRESS: _____
 STUDENT PERSONAL EMAIL ADDRESS: _____

Prerequisites:	Student Section:	Advisor Section:
Transcripts: High School/ GED All College	Transcripts on file ____yes ____no	Validated from transcripts ____yes ____no If not on file Must be completed. Needs to have official transcripts sent.
Scheduled meeting with advisor	Appt date:	Date advised:
Financial Assistance		
<i>Does student need financial assistance</i> ____yes ____no <i>If yes, refer to workforce</i>		
Criminal Background check must be less than 6 month old at the time of course starting. (See additional information to complete.) There must be NO alcohol or drug related offenses on the criminal background. LINK: www.castlebranch.com		
Background check code: Drug screen code: ERdt ____yes ____no Verified ____yes ____no		
Credential Packet must be completed and uploaded to CastleBranch- Document Manager before class starting. ____Yes ____No Verified by advisor _____		

<p>Student Responsibility Statement</p> <p>My signature certifies that I have read the above information and that it is correct. I understand I may be denied program entry, if I have submitted incorrect information. Further, I understand that it is my responsibility to submit this completed checklist Germanna Community College, Nursing Department, 2130 Germanna Highway, Locust Grove, VA 22508 The Checklist will be returned to me upon approval with the Application and instructions on how to submit a complete credential packet by the track deadline.</p> <p>Student Signature _____ Date _____</p>	
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Advisor Signature _____
