

# PENSACOLA STATE COLLEGE

## Application for Health-Related Programs

Student ID Number or DOB (Required) \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial and/or Maiden \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Return this form to the Health Program Admissions Office at 5555 West Highway 98, Pensacola, FL 32507; fax it to (850) 484-2375 or email to [healthprograms@pensacolastate.edu](mailto:healthprograms@pensacolastate.edu).

**You are limited to applying to no more than three (3) programs.**

✓	Program	Starting Terms
	Certified Nursing Assistant ▶ Warrington Campus	Fall- D session
	Certified Nursing Assistant ▶ Century Center (B session)	Fall-B session
	Certified Nursing Assistant ▶ Milton (D session)	Spring-D session
	Certified Nursing Assistant ▶ South Santa Rosa Center (C session)	Summer-C session
	Dental Hygiene	May
	EKG Technology Program	Oct
	Emergency Medical Technician (EMT) ⇒ <b>CPR Certification required</b>	Aug, Jan, May
	Health Information Technology	Aug
	Health Services Management	Aug, Jan
	Medical Assisting	Aug
	Medical Information Coder/Biller Certificate	Aug
	Medical Records Transcribing	Aug, Jan
	Paramedic ⇒ <b>Florida EMT Certification and CPR Certification Required</b>	Aug
	Paramedic to Registered Nurse (RN) <i>Career Mobility</i> ⇒ <b>FL. Paramedic Cert. and American Heart Healthcare Provider CPR</b>	May
	Pharmacy Technician	Jan
	Phlebotomy	Aug, Jan, May
	Practical Nurse (LPN)	Jan
	Licensed Practical Nurse (LPN) to Registered Nurse (RN) <i>Career Mobility</i> ⇒ <b>FL. LPN License and American Heart Healthcare Provider CPR</b>	May
	Physical Therapist Assistant	Aug
	Psychiatric Technology	Aug
	Public Safety Telecommunicator (911 Emergency Dispatcher)	Aug, Jan
	Radiography	Jun
	Register Nurse (RN)	Aug, Jan, May
	Register Nurse (RN) ▶ Weekend/Evening Option	Jan
	Perioperative Nursing ⇒ <b>Registered Nursing License Required</b>	Aug
	Sonography (Diagnostic Medical Sonography)	Jan
	Surgical Technology	Jan
	Veterinary Technology	Aug
	<b>Please delete all of my previous applications for health program(s)</b>	

**Detailed information packets with admission requirements for each program are available at <http://www.pensacolastate.edu/programs/healthRelated/HealthRelatedPrograms.asp>**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Health-Related Program Applicant \_\_\_\_\_