

ORTHOPEDIC TECHNICIAN PROGRAM

Application

(please print or download and fill-in)



Personal Information:

Last Name: _____ First Name: _____

Middle Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone #: () _____ Cell Phone #: () _____

Email Address: _____

RHC I.D. #: _____

Current Healthcare Certification / License: _____

Number: _____ Expiration date: _____

Educational Requirements

(Copies of the following documents must be in RHC Admissions & Records – responsibility of the applicant to ensure that the Admissions & Records department has received the copies prior to the application deadline.)

1. Proof of completion of Reading 043 & English 035 (or equivalents) **-OR-**
Reading Assessment Test showing level at or above Reading 043 & completion of English 035 **-OR-**
Counselor evaluation showing Reading and English requirements met through Multiple Measures **-OR-**
Proof of Completion of previous college degree.
2. Biology 125 with lab (or equivalent) with a grade of “C” or better within the last 7 years.

Attach to the application if available: Health Care Licenses / Certifications, and Proof of work or volunteer in healthcare - letter from supervisor on company letterhead.

By signing this application, I understand the following:

- 1) Application to the Orthopedic Technology program does not guarantee admission.
- 2) After admission to the program, I will be required to provide copies of the following (via Castlebranch) no later than December 31:
 - 2x2 color photo (to the department)
 - Current American Heart Association BLS certification,
 - Proof of current T-DAP and Influenza vaccines,
 - Two-Step-Non-reactive TB Skin test **-OR-** Negative Chest X-ray if TB skin test is positive, and
 - Titer levels for Varicella, Mumps, Measles, Rubella, & Hepatitis B.
(If titers are negative, then proof of new vaccine administration)
- 3) To register for the spring Ortho 060 course, I will need to purchase a “Student Casting Supply Kit”.

Applicant Signature

Date