



Central Processing Technician Certificate 1 semester

LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Program Advisement Form

The program advisement form is required for students pursuing admission to the Central Processing Technician program. Students must be currently enrolled or admitted to the Central Processing Technician Certificate or Interdisciplinary Studies/Central Sterile Processing Degree.

Please complete Applicant Information below:

First Name	Middle Name	Last Name	Student Number:
Address	City	State	Zip code
GTC Email Address		Alternate Email Address	
Phone:			

Please select the Start Term for which you are applying:

<u>LAWRENCEVILLE CAMPUS - Please note application deadline and class</u>	
<input type="checkbox"/> Fall Semester: June 1 Prerequisite Deadline: End of Summer Term Day class 1:00 p.m. – 4:00 p.m. Clinicals 7:00 a.m. – 3:00 p.m.	<input type="checkbox"/> Spring Semester: October 10 Prerequisite Deadline: End of Fall Term Day class 1:00 p.m. – 4:00 p.m. Clinicals 7:00 a.m. – 3:00 p.m.
<input type="checkbox"/> Fall Semester: June 1 Prerequisite Deadline: End of Summer Term Night class 6:00 p.m. – 9:00 p.m. Clinicals 3:00 p.m. – 11:00 p.m.	<input type="checkbox"/> Spring Semester: October 10 Prerequisite Deadline: End of Fall Term Night class 6:00 p.m. – 9:00 p.m. Clinicals 3:00 p.m. – 11:00 p.m.

Please read and initial each of the following statements:

- _____ I have verified my admissions file is complete and I have been accepted to Gwinnett Technical College.
- _____ I understand I must be in good academic standing at the time the program starts.
- _____ I understand I must be 18 years of age at the time program starts.
- _____ I understand criminal background checks and drug screens are required based on the requirements for participation in clinical experiences.
- _____ I understand FYES 1000 (unless exempt) must be completed before beginning the program.
- _____ I understand I must attend the mandatory meeting to secure a seat in the program.
- _____ I understand completion of prerequisite courses and meeting other minimum requirements does not guarantee selection to the Central Processing Technician program, as there are a limited number of seats available in the occupational and clinical courses.

Gwinnett Tech does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status. For compliance concerns, contact Lisa Richardson, Section 504/ADA, Title IX and Equity Coordinator, at lrichardson@gwinnettech.edu, 678-226-6691, Building 100, Office 407.

Central Processing Technician Certificate

To be completed by Applicant

Required Prerequisite Course	Letter Grade Earned or IP (in progress)	Semester Completed
ENGL 1010: Fundamentals of English I or ENGL 1101 Composition and Rhetoric I (3)		
MATH 1012: Foundations of Math or MATH 1111 College Algebra (3)		
*ALHS 1090: Medical Terminology for Allied Health Sciences (2)		
*ALHS 1040: Introduction to Healthcare (3)		
FYES 1000: First Year Experience (2)		
*Courses must be completed within 5 years of the program start.		

Please read and initial each of the following:

_____ I understand that students applying to the Central Sterile Processing program will be sent a confirmation email within one week after deadline.

_____ I understand seats in the Day or Evening classes are first come, first serve based on completion of requirements.

_____ I understand that it is my responsibility to return this completed form to the Health Team at Enrollment Support Center at healthteam@gwinnettech.edu or in person on the Lawrenceville or Alpharetta-North Fulton Campus.

Student Signature: _____ **Date:** _____

Enrollment Advisor Signature: _____ **Date:** _____

For staff use only

Student is in good academic standing	All previous transcripts have been received
Student has an active Admissions file	Student has "in-progress" classes
All prerequisite courses completed with a minimum grade of <u>C</u>	# of in-progress courses
Student's Driver's License and/or P-Card have not expired	

To be completed by program specialist after mandatory meeting:

_____ Background/Drug screening completed
Date

_____ Immunizations completed
Date

_____ Released for registration
Date