



Anesthesia Technology (ATC) Program Admissions Application

Do not submit this to the program. This document should be used as a guide to prepare you for what will be asked on the online form.

First Name: _____ Last Name: _____

Durham Tech Student ID Number: _____ Date: _____

ConnectMail Email Address: _____

NOTE: All official communication from the college is delivered via ConnectMail, including Health and Wellness admissions decisions.

APPLICATION DEADLINE: June 1

Complete the **online application** February 1 through June 1.
This document should be used as guide to what you'll be asked.
Email [Stephanie Toomer](#) if you have questions.

Information Sessions

I have attended one **required** Anesthesia Technology information session. [View the dates and register.](#)

Checklist

All steps below are **required**. Please check that each item is completed.

Enroll at Durham Technical Community College

View [College enrollment steps](#) on the website.

I am currently admitted to Durham Tech.

Note: If you have not been enrolled with Durham Tech within the last 12 months, you must reapply to Durham Tech using the [CFNC application](#).

I have submitted an official transcript(s) from high school or college.

Submit to Admissions, Registration, and Records, located in Wynn Center (Building 10), room 10-201.

Note: If official transcripts were submitted upon enrollment at the College, there is no need to resubmit them for admittance into the Medical Assisting program, **unless** additional courses have been completed.

I have applied for Financial Aid (recommended but not required).

I have attended a ConnectSession (Student orientation)

Note: Prospective students with 12 or more college credit hours transferred to Durham Tech are not required to attend a ConnectSession, but it is recommended.

Meet Course Placement Requirements

Students must demonstrate they are college ready in one of the following ways (*check one*):

- Provide proof of unweighted US high school GPA of 2.8 or higher within the last ten years
- Transfer credit for English and math (college-level algebra)
- Provide proof of completion of an associate's or bachelor's degree
- Provide proof of satisfactory scores on ACT, SAT, GED, HiSET, NCDAP, COMPASS, ASSET, or ACCUPLACER scores within the last ten years
- Demonstrate mastery on RISE English placement test 2 and RISE Math placement test 2; **OR** successfully complete ENG-002 through Tier 2 (grade of P2) and MAT-003 through Tier 2 (grade of P2)

Additional Required Documents

Students must provide all of the documents listed below with the completed application:

- I have attached a *signed* [Clinical Training Form](#)
- I have attached a *signed* [English Language Requirement Form](#)
- I have attached a *signed* [Essential Skills Form](#)

Statement Of Student Responsibility

I verify that I have read all the information regarding admissions to the Anesthesia Technology Program, and understand the steps I must take to qualify for admissions. I understand that it is my responsibility to notify Admissions, Records, and Registration regarding changes in name, address, or phone number.

I understand that all official communication from the college is delivered via ConnectMail, including Health and Wellness admissions decisions.

I understand that my Anesthesia Technology application will not be accepted if incomplete.

I understand upon my acceptance to the Anesthesia Technology (ATC) program, clinical sites require a **criminal background check** and **drug screening** prior to my placement for training at that site. I understand I will pay a fee directly to a designated vendor for this background check. I understand that if I am admitted to the ATC program but am denied clinical placement by any of the hospitals/healthcare facilities, I will be unable to successfully complete the ATC program as the program's clinical objectives cannot be met. Program admission on two occasions with two clinical denials will be considered a second entry into the ATC program. Students are only allowed two entries (admissions) into the ATC program.

I understand that upon acceptance to the ATC program, I will be given a Student Medical form and required to complete a physical examination and assessment (including proof of immunizations or titers). I must maintain up to-date health care insurance throughout the program.

I understand failure to upload the completed clinical requirements and documentation **by August 10** (no exception or extensions) may result in the inability to progress in the program or dismissal from the program.

I understand that accepting a seat within the Anesthesia Technology program counts as the first admission. A maximum of **two** admissions are allowed.

Name _____

Student ID# _____

Signature _____

Date _____