**WESTERN AREA CAREER & TECHNOLOGY CENTER**

**IV THERAPY CERTIFICATION PROGRAM**

**688 Western Avenue**

**Canonsburg, PA 15317**

***APPLICATION FOR ADMISSION***

It is the policy of the Western Area Career & Technology Center not to discriminate on the basis of race, color, religion, sex, national origin, age, physical handicap or disability in its educational programs, activities, or employment policies, as required by Title VI of the Civil Rights Act of 1964, and Section 504 Regulations of the Rehabilitation Act of 1973.

Inquiries regarding compliance may be directed to the Director of Vocational Education,

688 Western Avenue, Canonsburg, Pennsylvania 15317; telephone (724) 746-2890.

For information regarding services, activities, programs, and facilities that are accessible to and usable by handicapped persons, contact the Director of Vocational Education, at (724) 746-2890.

**Please type or print.** Return application to the above address, **ATTENTION IV THERAPY CERTIFICATION PROGRAM**

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

2. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number) (Street) (City)

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(County) (State) (Zip Code)

3. TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. PRACTICAL NURSING PROGRAM: Yes \_\_\_\_ No \_\_\_\_ GRADUATE: Yes \_\_\_\_ No \_\_\_\_

Name of School\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. State briefly why you are interested in gaining IV Certification.

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I hereby certify that the information supplied herein is correct and complete to the best of my knowledge. I authorize you to make such investigations and inquiries to the employment and personal references given in this application as may be necessary to arrive at a decision for admission to the Western Area Career & Technology Center Phlebotomy Technician Program. I understand that any deliberate falsifying of information will result in rejection of this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Applicant) (Date)