

Allied Health Program Application

Science, Nursing, And Allied Health
Office: (318)678-6110
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Building B, Room 148



Bossier Parish Community College
6220 East Texas Street
Bossier City, Louisiana 71111
www.bpcc.edu

Bossier Parish Community College Allied Health Programs have a selective admission process. This process is non-discriminatory on the basis of race, color, national origin, gender, age, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs.

You may type on the form and must print when completed. You **WILL NOT** be permitted to save the form. Please complete, print, sign, and return your application to the Program Director by the program's application deadline in order to be considered for program selection.

NOTE: It is the student's responsibility to provide the program director written notification of any contact information changes. In addition, the student must contact the registrar and complete the appropriate documentation for the change to be recognized in the school system.

Applicant Information

Date: _____ Program Applying for:

Name: _____

Mailing address: _____

City: _____ State: _____ Zip/postal code: _____

SS Number: _____ BPCCC Student ID Number: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

BPCCC Email Address: _____

Check one:	If a previous applicant:
First time applicant, currently enrolled a BPCCC	Date Prior Application: _____
First time applicant, never attended BPCCC	Program: _____
First time applicant, previous BPCCC Student	Previous Applicant

Person to notify during school hours in case of emergency:
Name: _____ Relationship: _____ Contact's Telephone: _____

How did you find out about your program of interest (mark only one)?

Advisor	Flyer on class bulletin board
Announcement on myBPCC or electronically	Instructor, other than advisor
BPCC sponsored event	Radio advertisement
Employer	Television advertisement
Fellow classmate or friend	Other: _____

Previous Education & Experience

Name of School: _____

City & State: _____

Attended: From _____ To: _____

Major: _____ Diploma/Degree: _____

Name of School: _____

City & State: _____

Attended: From _____ To: _____

Major: _____ Diploma/Degree: _____

Provide information concerning college, university, vocational or trade schools attended (All official transcripts must be sent to BPCC):

Name of School: _____

City & State: _____

Attended: From _____ To: _____

Major: _____ Diploma/Degree: _____

Name of School: _____

City & State: _____

Attended: From _____ To: _____

Major: _____ Diploma/Degree: _____

If presently enrolled at any other college/university, what courses are you enrolled in?

List other non-traditional educational experiences (travel, military service, on-the-job training, etc.) that you think may be relevant to helping the Admissions Committees evaluate your application.

List your professional and/or business experiences below (optional):

Name of employer: _____ Phone #: _____

Address of employer: _____

Dates of employment: From _____ to: _____

Position: _____

Job responsibilities:

Statement of Truth

I, _____, am indicating that the information I have included on my application is true. I understand misrepresentation or omission of information on this application, including my signature, may result in the loss of eligibility for admission into the Allied Health Program at BPC for which I am applying.

Applicant's Signature

Date