Pasadena City College
ANESTHESIA TECHNOLOGIST APPLICATION

- Application Deadline: March 15
- Incomplete Applications will <u>not</u> be processed

Print Name:_____
           Last   First

Social Security #_____
PCC student Identification numbers are not accepted in place of a social security number

Address:_____

City:_____   Zip:_____

Cell Phone #_____   Home Phone #_____

Email:_____
==*Students will only be notified of their status by email. Please print clearly*==

One *official* transcript of ALL colleges including PCC and high school/GED attended must be submitted with this application even if the coursework is not applicable to the program. The Health Sciences Division will not retrieve scanned transcripts.

☐   Official U.S. High School transcript   ☐   GED   ☐   Foreign Equivalency Report

Your last name while in High School:_____

College degree(s) received: ☐ Associates   ☐ Bachelors   ☐ Masters

List all colleges attended: (1)_____ (2)_____

(3)_____ (4)_____

Application continues on next page

Are you a U.S. Veteran or Spouse of a U.S. Veteran? ☐ YES (if yes please provide a copy of your DD214.

☐ No I am not a veteran or spouse of a veteran.

Upon selection students are required to complete a health clearance and criminal background check in order to attend clinical experiences which are required for program completion. Details regarding these clearances will be provided to selected candidates with the acceptance packet. Hospitals and health care providers may deny access to clinical experiences based on certain criminal background findings. This would restrict the student from admission as the required clinical experiences would not be available. Students who have questions or concerns about the background check are encouraged to make an appointment with the Anesthesia Program Director or designee.

*A personal interview of all candidates will also be a part of the selection process.

Candidates will be emailed the information regarding interviews.*

STATEMENT OF PURPOSE

On a separate page, please write a 500 word essay describing your interest in the anesthesia technology program. The essay must be type-written, double spaced, with a 10 or 12 point font size, and attached to your application.

My signature below indicates that I have provided true and accurate information on this application and that I understand that final acceptance to the program will be based on my background check and personal interview results.

_____   _____
Signature   Date

The following information is voluntary and is used as summary information only to ensure that the selection process has not disproportionately discriminated against any group.

1. Please indicate your **Ethnic Background**:

<table>
<tr><td colspan="2" align="center">**ETHNIC BACKGROUND**</td></tr>
<tr><td>_____ASIAN</td><td>_____CAUCASIAN – NON HISPANIC</td></tr>
<tr><td>_____AFRICAN AMERICAN</td><td>_____AMERICAN INDIAN</td></tr>
<tr><td>_____HISPANIC</td><td>_____FILIPINO</td></tr>
<tr><td>_____OTHER</td><td>_____PACIFIC ISLANDER</td></tr>
</table>

2. Please indicate your **Gender**:

<table>
<tr><td colspan="2" align="center">**GENDER**</td></tr>
<tr><td>_____Male</td><td>_____Female</td></tr>
</table>

3. Please indicate your current **Age Range**:

<table>
<tr><td colspan="4" align="center">**AGE**</td></tr>
<tr><td>_____18 to 25</td><td>_____26 to 30</td><td>_____31 to 45</td><td>_____46 and older</td></tr>
</table>