

2022 RADIATION ONCOLOGY APPLICATION FORM

Virginia Western Community College Joint Venture with Northern Virginia Community College

Name: _____
Last First M.I.

Social Security Number (last four digits): _____ Student I.D.: _____
(If known, as assigned by VWCC)

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Telephone: Day (_____) _____ Cell (_____) _____

Preferred email address to use during application: _____ (please print)

I am applying to: VWCC (Roanoke Campus) Joint Venture NVCC Medical Education Campus

Applicants must meet the general admission requirements for the college. Applicants must have completed **Algebra I - II, and Geometry**, with a "C" or better **or** Developmental Mathematics (MTE Units 1-9) satisfactorily. Must have completed one unit of high school **or** college **general lab science** (Biology, Chemistry, **or** Physics) with a "C" or better. The following **college prerequisites** must also be completed with a "C" or better: **BIO 141** (Human Anatomy and Physiology I), **HLT 141**, **MTH 161**, and **SDV 101**. Note: Bio 141 & MTH 161 must be completed within five years prior to beginning the program. All the **prerequisites must** be completed by the end of **Spring 2022 to be eligible** for the 2022 program. Also, applicant cumulative GPA must be \geq a **2.5** by the end of Fall 2021 to be eligible for the 2022 program (college GPA based on the most recent college/school with a GPA calculated on at least 12 college credit hours).

Yes / No Are you a high school graduate? (Yr. _____) **OR** _____ Have you completed a GED? (Yr. _____)
Note: **Official high school transcript** must be submitted in the high school sealed envelope.

Yes / No Do you hold any healthcare profession license/certification? If yes, please submit a **copy** of your license.

Please **list all colleges** you have ever attended below (including VWCC or NVCC). **Official transcripts** from all colleges attended are required to apply. (**No** transcripts are needed for VWCC, NVCC, or any other community college in Virginia.)

<u>Name of College</u>	<u>Dates Attended (Year) & Degree(s) Earned</u>
_____	_____
_____	_____
_____	_____

All applicants must have a complete academic file by **March 15, 2022** to be considered. No exceptions. The academic file consists of your VWCC on-line college application, **official** transcripts (high school and colleges), and a copy of GED scores (if applicable). **Two letters of recommendation** from employers or professors are also required by 3/15/2022. Applicant should submit all required material (in one envelope, if possible) addressed as directed below.

APPLICANT SIGNATURE

DATE

Return all application materials to Pam Woody, VWCC – Health Professions, 3091 Colonial Ave., Roanoke, VA 24015 or bring to The Fralin Center (CSHP) – Room 339 (3rd floor). The advisor will complete the Pre-Radiation Oncology advising form letter and mail or send to student email usually 4 weeks after submission. **Joint Venture site (NVCC) applicants** should have a current college application on file with VWCC as well as the joint venture college. All application materials should be addressed directly to Miss Woody at VWCC for processing (this includes **NVCC** site applications). Recommendation letters can be attached to email from the sender to pwoody@virginiawestern.edu. No faxed transcripts are accepted. The envelope seal of "official" transcripts must be unbroken.

It is the policy of the Virginia Community College System and Virginia Western Community College to maintain and promote equal employment and educational opportunities without regard to race, color, sex, age, religion, disability, national origin, or other non-merit factors. For further information, contact the Title IX Coordinator, Lori Baker in Chapman Hall, Room C102, phone (540) 857-6348, TitleIXCoordinator@virginiawestern.edu or the ADA/Section 504 Coordinator, Office of Disability Services, Student Life Building Room 207, phone (540) 857-7286. TTY number is (800) 855-2880 all users 711.

Continued on Back . . .

**IF YOU HAVE COMPLETED A HEALTH PROGRAM LEADING TO LICENSURE,
PLEASE DESCRIBE YOUR PROFESSIONAL WORK EXPERIENCES.**

LICENSED HEALTH CARE EMPLOYMENT HISTORY

*(Enclose **copy** of licensure with this application)*

Employer Name _____

Address: _____

Date: Beginning _____

Ending _____

Job Responsibilities

Employer Name _____

Address: _____

Date: Beginning _____

Ending _____

Job Responsibilities
