



# Clinical Laboratory Science Department of Health Sciences College of Health Professions and Social Work

### SUPPLEMENTAL APPLICATION

This application supplements the formal application for admission to the University and must be completed by students applying to the Clinical Laboratory Science Program, in the Department of Health Science, in the College of Health Professions and Social Work. Applicants must meet the admission requirements as stated in the FGCU catalog. **The Clinical Laboratory Science program at FGCU has been designated as limited access. Consequently, the selection process is competitive and all qualified applicants may not be admitted to the program.**

### Return applications to:

Julie Zemplinski  
Attn.: Application Materials CLS Program  
Department of Health Sciences  
College of Health Professions and Social Work  
Florida Gulf Coast University  
10501 FGCU Boulevard  
Fort Myers, FL 33965-6565

Official transcripts from all schools attended must be submitted. BS applicants send transcripts to the undergraduate admissions office. Certificate applicants send to the graduate admissions office. Note: this is in addition to a University admission application form.

Instructions. Please complete each item of the application. *Applicants are responsible for ensuring that supplemental application files are complete by the established deadline* (see below for deadlines). Incomplete application packets will not be processed. Information must be printed or typed.

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### BIOGRAPHICAL INFORMATION

Last Name	First Name	M.I.	University Identification Number	
Mailing Address		City	State	Zip Code
Permanent Address (if different from Mailing Address)		City	State	Zip Code
Home Phone	Work Phone		e-mail address	

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### PROGRAM OF STUDY

#### PROGRAM

#### ENROLLMENT TERM

Select one program and corresponding enrollment term:

- B.S. in Clinical Laboratory Science       Fall 20\_\_ Deadline June 1st
- Certificate in Clinical Laboratory Science       Spring 20\_\_ Deadline Oct 15th

## COLLEGE/UNIVERSITY RECORD

List all college/university-level courses in which you are ***presently enrolled***.  
 Please note that enrollment in any program is contingent upon you providing official  
documentation of completion of courses listed as admission requirements.

*(Attach a separate sheet if necessary.)*

			Dates of Enrollment	
Course Title & Course Number	College or University	Sem./Qtr. Hours	From Mo./Yr.	To Mo./Yr.

**Please also read the attached document about criminal background checks. All students will be required to have one done before they enter clinicals. It is important at this time to read and find out if you will be eligible to get a license in the State of Florida. If you do not meet the requirements for licensure you will not be able to complete the program here at FGCU.**

### CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action which may include dismissal from the College of Health Professions and Social Work, and/or the University.

Signature

Date

10/03/16

## CRIMINAL BACKGROUND

Effective July 1, 2012, Section 456.0635, Florida Statutes (F.S.), provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:
  1. For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
  2. For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
  3. For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities. The section above does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

Applicants with prior criminal convictions are required to submit the following:

***Final Dispositions/Arrest Records*** -€“ Final disposition records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the clerk of the court attesting to their unavailability.

***Completion of Probation/Parole/Sanctions*** -€“ Probation and financial sanction records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. Parole records for offenses can be obtained from the Department of Corrections or at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the clerk of the court attesting to their unavailability.

***Self-Explanation*** -€“ Applicants who have listed offenses on the application must submit a letter in their own words describing the circumstances of the offense. Include in your letter the date of the original offense, the charge, and the jurisdiction where it occurred.