

APPLICATION FOR VETERINARY MEDICAL TECHNOLOGY
For Fall 2017

GASTON COLLEGE, 201 HIGHWAY 321 SOUTH, DALLAS, NC 28034

PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Name (First) _____ (Middle Initial) _____ (Last) _____						
Complete Mailing Address _____			City _____	State _____	Zip _____	County _____
Birthdate MM/DD/YY _____	Home Phone _____	Cell Phone _____	Emergency Contact Phone _____	E-Mail Address _____		
Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	Race* <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other					
*This information is used for reporting to American Veterinary Medical Association and other accrediting bodies.						

EDUCATION/CERTIFICATION/LICENSE

HIGH SCHOOL AND COLLEGE TRANSCRIPTS MUST BE SUBMITTED TO THE GASTON COLLEGE OFFICE OF ADMISSIONS

Education Level	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree or Higher
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DISABILITIES STATEMENT

DO YOU HAVE ANY PHYSICAL OR LEARNING DISABILITIES IN WHICH YOU REQUIRE REASONABLE ACCOMMODATIONS?
 YES NO IF YES, YOU NEED TO MAKE AN APPOINTMENT WITH THE ADA COORDINATOR IN COUNSELING PRIOR TO TAKING CLASSES

REFER TO THE ADMISSION REQUIRMENTS ON OUR WEBSITE FOR SPECIFIC DETAILS REGARDING ENTRANCE REQUIREMENTS.
PLEASE REMEMBER THAT IT IS THE STUDENT'S RESPONSIBILITY TO MEET THE ADMISSION REQUIREMENTS.

PREVIOUS APPLICATIONS TO PROGRAM

How did you first learn about this program?	<input type="checkbox"/> catalog <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Other
Have you previously applied to the Gaston College Veterinary Medical Technology program?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of last application: _____
Have you enrolled in other Vet Tech programs prior to the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____

For Office Use Only	Student ID # _____ Curriculum Code _____	College Transcript _____
	Placement Testing Scores: Reading _____ Writing _____ Math _____	TEAS: Math _____ Reading _____
	Meets Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	Acceptance Date _____ Denial Date _____
		Program Year _____ Reason _____

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ANIMAL-RELATED WORK/SHADOW EXPERIENCE

Submit a "Work/Shadow Experience Verification Form" (enclosed with application packet or available at the vet tech website at www.gaston.edu) for each position.

MEDICAL INFORMATION

If you are accepted into the program, you will be required to submit a student physical exam form for the North Carolina Community College System. This form will be included in your acceptance packet and must be completed by a health care provider of your choice by the deadline indicated on the form. Your acceptance may be contingent upon the results of this examination. The purpose of the examination is to verify that no health problem potentially detrimental to your safety or well-being, or the safety and well-being of animals or other persons in the laboratory/clinical setting exists.

By checking this box I certify that I have read the above policy and I understand the above policy

STATEMENT ON THE CHARACTERISTICS OF A SUCCESSFUL VETERINARY TECHNICIAN:

The following information is intended solely to provide the potential student with a summary of abilities that are characteristic of a successful veterinary technician:

1. Ability to tolerate walking and standing for sustained periods of time.
2. Capable of lifting and/or carrying up to forty (40) pounds from floor level to waist level frequently and up to fifty (50) pounds or more with assistance occasionally.
3. Ability to bend over at the waist, twist the trunk, squat, kneel and reach above the head. Have the body size, conformation and fitness to do the physical work required of a technician.
4. Amenable to learning to safely handle, restrain and work with any species of domestic and exotic animals that may be sick, injured, fractious or aggressive without fear.
5. Open to performing routine cleaning duties including using brooms, brushes, hoses and various cleaning products (detergents/disinfectants).
6. Understanding of the requirement to work around dangerous animals, hazardous chemicals, compressed gasses, pharmaceuticals, sharp objects, radiation and other biohazards.
7. Operate and maintain a variety of medical diagnostic and therapeutic equipment.
8. Tolerate exposure to animal hair, dander and other potential allergens.
9. Able to appropriately respond to stressors of the job and profession.
10. Ability to appropriately respond to and resolve interpersonal conflicts that may arise.
11. Ability to effectively manage multiple tasks and responsibilities simultaneously and professionally

By checking this box I certify that I have read and understand the above statement on the characteristics of a successful veterinary technician.

STATEMENT ON HEALTH AND ACCIDENT INSURANCE

Gaston College does not provide health or accident insurance to cover students if they are injured on the Gaston College campus or in a college-related activity. It is advisable that students make certain they have appropriate coverage under a personal policy or that of a parent.

By checking this box I certify that I have read and understand the above statement on health and accident insurance.

STATEMENT ON CONVICTION OF CRIMES

*Conviction of crimes such as felonies and misdemeanors may affect the ability of a Graduate to obtain state licensure. Any questions regarding licensure should be directed to the State Board of Veterinary Medicine in the state where the applicant intends to practice.

By checking this box I certify that I have read and understand that my criminal history may prevent me from becoming licensed as a veterinary technician in the state of North Carolina or any other state.

CERTIFYING STATEMENT

I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation or falsification of information on this application may be cause for rejection of my application or for termination after acceptance into the Veterinary Medical Technology program.

Applicant Signature X

Date of Application _____