

MT. SAN ANTONIO COLLEGE
Health Careers Resource Center
Psychiatric Technician Program
1100 North Grand Avenue, Walnut, CA 91789
TEL (909) 274-4788

FAX (909) 274-2076
EMAIL TechAndHealth@mtsac.edu

For Office Use Only:

Received _____/
/

By _____

Application For Psychiatric Technician Program

Please check the semester you are applying for: _____ **WINTER (January)** _____ **SUMMER (June)**

Have you previously applied to this program? _____yes _____no

PLEASE PRINT THE FOLLOWING INFORMATION IN INK:

1. _____
LAST FIRST MIDDLE PREVIOUS LAST NAMES
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE (_____) _____ - _____ OTHER PHONE (CELL, WORK, ETC.) (_____) _____ - _____
EMAIL ADDRESS _____ DATE OF BIRTH ____/____/____
MSAC ID # _____ SOCIAL SECURITY # _____ - _____ - _____
(IF KNOWN)
CALIFORNIA DRIVER LICENSE # (OR CALIFORNIA ID #) _____ EXPIRATION DATE _____

2. IN CASE OF AN EMERGENCY INVOLVING YOURSELF, WHO SHOULD BE NOTIFIED?

NAME RELATIONSHIP

ADDRESS CITY STATE/ZIP PHONE (_____) _____ - _____

3. CAN YOU BE CERTAIN OF RELIABLE TRANSPORTATION THROUGHOUT THE PROGRAM? _____YES _____NO

4. EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? _____YES _____NO DO YOU HAVE A G.E.D.? _____YES _____NO
_____IN PROGRESS
ARE YOU IN COLLEGE AT THIS TIME? _____YES _____NO IF SO, WHERE? _____

PLEASE LIST HIGH SCHOOL, COLLEGE, UNIVERSITY, OR MILITARY EXPERIENCE, ETC.

NAME OF SCHOOL	IS THIS A U.S. SCHOOL? (Y/N)	DATES (FROM/TO)	DID YOU GRADUATE? (Y/N)

5. **TRANSCRIPTS.** YOU MUST PROVIDE PROOF OF HIGH SCHOOL GRADUATION OR EQUIVALENT (GED) BEFORE YOUR FOLDER IS CONSIDERED COMPLETE. YOU MAY SATISFY THIS REQUIREMENT BY EITHER PROVIDING US WITH A COPY OF YOUR HIGH SCHOOL DIPLOMA/G.E.D. OR HIGH SCHOOL TRANSCRIPTS. HAVE YOU INCLUDED A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D WITH THIS APPLICATION? _____YES _____NO. IF YOU DO NOT HAVE A COPY OF YOUR DIPLOMA OR G.E.D. YOU MUST REQUEST TRANSCRIPTS FROM YOUR SCHOOL. HAVE YOU REQUESTED YOUR TRANSCRIPTS? _____YES _____NO. REMEMBER YOU DO NOT NEED TO SEND US TRANSCRIPTS OF ANY COURSEWORK TAKEN AT MT. SAN ANTONIO COLLEGE.

6. **COLLEGE PLACEMENT EXAMINATION.** A COURSE ELIGIBILITY SCORE FOR ENGLISH 1A IS REQUIRED FOR PSYC 1A (INTRODUCTION TO PSYCHOLOGY). TESTING IS ADMINISTERED BY THE ASSESSMENT CENTER IN THE STUDENT SERVICES CENTER (BLDG. 9B). ARRANGEMENTS SHOULD BE MADE WITH THEM TO SCHEDULE A DAY AND TIME TO TAKE THE COLLEGE PLACEMENT EXAMINATION. YOU MAY CONTACT THE ASSESSMENT CENTER, MONDAY THROUGH FRIDAY AT (909) 274-4265. YOU WILL NEED TO TAKE BOTH THE MATH AND ENGLISH PLACEMENT EXAMINATIONS.

PLEASE CIRCLE/FILL IN THE FOLLOWING INFORMATION REGARDING TESTING:

- A. I WILL MAKE AN APPOINTMENT TO TEST.
- B. I HAVE MADE AN APPOINTMENT AND WILL TAKE THE COLLEGE PLACEMENT EXAMINATION ON ____/____/____.
- C. I TOOK THE COLLEGE PLACEMENT EXAMINATION ON ____/____/____.
- D. I DO NOT NEED TO TAKE THE COLLEGE PLACEMENT EXAMINATION.
I HAVE A/AN _____ DEGREE FROM _____ COLLEGE
OR
I HAVE TAKEN ENGL _____ AT _____ COLLEGE
OR
I HAVE TAKEN PSYC 1A - INTRODUCTION TO PSYCHOLOGY AT _____ COLLEGE
WITHIN THE LAST 5 YEARS AND I WILL PROVIDE AN OFFICIAL TRANSCRIPT TO THE DIVISION OFFICE.

7. **GENERAL HEALTH.** DO YOU HAVE ANY PHYSICAL DISABILITIES OR PREVIOUS ILLNESSES THAT WOULD INTERFERE WITH ENTERING OR COMPLETING THIS PROGRAM? _____ YES _____ NO
IF YES, PLEASE LIST. _____

I CERTIFY THE FOLLOWING: I HAVE BALANCE NECESSARY FOR SAFELY TRANSPORTING PATIENTS/CLIENTS, BALANCE NECESSARY TO EVADE ASSAULT, CORRECTED SIGHT FOR ASSESSMENTS AND ADMINISTERING MEDICATION AND READING TREATMENT ORDERS, MANUAL DEXTERITY TO ADMINISTER MEDICATION AND DOCUMENT, AND THE ABILITY TO INDEPENDTLY PERFORM CPR. _____ (INITIAL)

8. IF YOU HAVE EVER ATTENDED ANY HEALTH SCIENCE PROGRAM, PLEASE GIVE THE NAME OF THE INSTITUTION AND THE LOCATION. _____

9. IN YOUR OWN HANDWRITING, PLEASE TELL US ABOUT YOURSELF AND EXPLAIN WHY YOU WISH TO BE A MEMBER OF THIS HEALTH CARE PROFESSION IN THE SPACE PROVIDED BELOW.

SIGNATURE _____ **DATE** _____