



**COLLIN COLLEGE**  
Polysomnographic Technology Program

Application for Admission

**Note:**  
We will notify you of the receipt of application. If you are not notified, please contact the Director.

Date of Application: \_\_\_\_\_

Expected Date of Entry: Fall 20\_\_\_\_ (Year)

Degree Track : \_\_\_\_\_ Associate of Applied Science \_\_\_\_\_ Certificate

Name: \_\_\_\_\_  
Last First MI Other names used

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Collin College Student ID: \_\_\_\_\_ Collin Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/P.O. Box Number

\_\_\_\_\_  
City State Zip Code

Telephone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_  
Mobile (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Alternative Method of Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Educational History: \_\_\_\_\_ GED/High School Graduation

High School Attended: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

Degree/Certificate Earned: \_\_\_\_\_

Major: \_\_\_\_\_

Have you applied to any other program at Collin County Community College either concurrently (now) or in the past 5 years?

\_\_\_\_\_ Yes \_\_\_\_\_ No If **yes**, complete the next section.

To what program did you apply? \_\_\_\_\_ Status (Accepted/Declined): \_\_\_\_\_

If declined, on what basis were you declined? \_\_\_\_\_

Were you declined on the basis of a positive drug test or negative background check? (Yes/No) \_\_\_\_\_

Please complete the following admissions checklist and submit it with your application and signature page. From the list below, please check all items you have completed. Indicate "IP" for items in progress.

**AAS Prerequisites Completed to Date:**

\_\_\_\_\_ Human Anatomy & Physiology (BIOL 2404 or equivalent) within 5 years

\_\_\_\_\_ Basic Health Profession Skills (HPRS 1204)

**AAS Core Courses Completed to Date:**

\_\_\_\_\_ PSYC 2301 or Social Science elective; **Or** will take \_\_\_\_\_

\_\_\_\_\_ ENGL 1301 or equivalent; **Or** will take \_\_\_\_\_

\_\_\_\_\_ PHIL 2303 or Humanities elective; **Or** will take \_\_\_\_\_

\_\_\_\_\_ SPCH 1311, 1315 or 1321; **Or** will take \_\_\_\_\_

**Immunizations (Required for both tracks)**

\_\_\_\_\_ Tetanus/Diphtheria/Pertussis: One dose within the last five years

\_\_\_\_\_ Hepatitis A (strongly recommended)

\_\_\_\_\_ Hepatitis B: Consists of a three dose series over a seven month period. **The series must be started before the application deadline and proof must be included with the completed application packet.**

- Proof of first injection with application.
- Proof of second injection at acceptance for Certificate students or the beginning of the first semester of the program for AAS students.
- Proof of third injection must be provided to the Polysomnographic Technology office by July 1 for Certificate students or by December 10 for AAS students.
- **Students cannot attend clinical rotations without completion of their immunizations. Failure to meet deadlines may result in dismissal from the program.**

\_\_\_\_\_ MMR Vaccine (two doses or titer showing immunity)

\_\_\_\_\_ Annual TB Test

\_\_\_\_\_ Yearly Flu Vaccine

\_\_\_\_\_ Documentation for varicella virus (chicken pox)

- Titer Test
- Record of 2 doses of varicella vaccination

\_\_\_\_\_ Documentation for Bacterial Meningitis vaccination (if under the age of 22)

**Certificate Requirements:**

\_\_\_\_\_ Proof of board registry in a healthcare field

\_\_\_\_\_ Signed affidavit letter from sleep lab manager attesting to completion of minimum of one year of current sleep lab work experience

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**Please Read and Sign:**

I have reviewed the Functional Ability / Core Performance Standards worksheet \_\_\_\_\_  
Please Initial

**By signing below, I agree to the following conditions:**

The information given in this application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program, or removal from the program.

I further authorize the Polysomnographic Technology Program to obtain copies of my transcripts received by Collin County Community College and/or other records relevant to admission to the Polysomnographic Technology program.

I have read and agree to the terms in the Information Packet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability or veteran status.*

**Please return the completed application, signature page and checklist to the Polysomnographic Technology Office in Office Suite H201 at the Central Park Campus in McKinney, Texas between the hours of 9:00AM and 5:00PM, Monday through Friday. Please see [www.collin.edu/sleep](http://www.collin.edu/sleep) for the current application deadline.**