



## Associate's Degree Programs (HS1-AS or SFA2-AS) for Certified Personnel

Thank you for your interest in the Associates in Health Science Degree (HS1-AS) of 64 credits or the Surgical First Assistant (SFA2-AS) of 74 credits at Gulf Coast State College ("GCSC").

**HS1-AS GCSC Articulation - Surgical Technologist Specialization:** Up to 45 Surgical Technology specialization college credits in the classroom, lab skills and clinical experience may be granted by validated current proof of national certification as a Surgical Technologist (CST) by the National Board of Surgical Technologists and Surgical Assistants towards a CCC and/or A.S. degree in Health Sciences. The remaining 15 general education courses, plus at least 1 credit of the Surgical Technology courses representing 16 total college credits (25% of the program), must be successfully completed for the A.S. in Health Science Degree (HS1-AS).

**HS1-AS GCSC Articulation** - According to the State of Florida law, to be eligible to graduate from GCSC, the student will have to complete at least 25% of the entire 64-credit program with GCSC, which is a *minimum of 16 credit hours* completed at GCSC for the A.S. Degree in Health Sciences (HS1-AS). See the program advisor to develop an education plan that fits your experience and education needs.

**SFA2-AS Degree for the CST/CSFA Applicants** - Up to 45 Surgical Technology specialization college credits in the classroom, lab skills and clinical experience may be granted by validated current proof of national certification as a Surgical Technologist (CST or ST-C) and/or Surgical First Assistant (CSFA) towards a CCC and/or A.S. degree in surgical first assisting. According to the State of Florida law, to be eligible to graduate from GCSC, the student will have to complete at least 25% of the entire 74 credit program with GCSC which is a minimum of 19 credit hours completed at GCSC to qualify for the SFA2-AS Degree.

Transcripts can be evaluated for appropriate course substitutions, transfers of credit and course requirements to establish a plan for you that meet your needs and current educational status. Please read the enclosed application packet to learn more about our program or visit our website <http://www.gulfcoast.edu/academics/programs/surgical-services-surgical-technologist-as/index.html>.

If you decide that gaining your Associate Degree is for you, then begin the process by applying to the program and following the attached step-by-step instructions on the Student Checklist. If you complete the steps in order, it will limit any delays in processing your application.

If you have any further questions or need to schedule an advising appointment, please feel free to e-mail me at [LmcNaron@gulfcoast.edu](mailto:LmcNaron@gulfcoast.edu); or call the Health Sciences Advisor, Craig Wise, at (850) 913-3311; toll free at 1-800-311-3685 ext. 3311. We look forward to working with you in the future.

Sincerely,

Libby McNaron  
RN, CST, CSFA, CNOR, MSN, MSHRM, FAST  
Coordinator, Surgical Services

rev. 6/2017





# Student Checklist

## Associate's Degree Program

### Applicant Responsibilities



#### Apply to the College

\_\_\_ **Step 1. New students should apply for General Admission to GCSC.** Applications are available at the Enrollment Services Office or online at: <https://www.gulfcoast.edu/apply> . **Returning students who have not attended GCSC in 2 years or more must also re-apply for admission.**

The Major Code is **HS1-AS** or **SFA2-AS** as appropriate for your current training level. Students enrolled at GCSC can **change their Major Code** at [www.gulfcoast.edu/admissions/forms.html](http://www.gulfcoast.edu/admissions/forms.html) complete the Program Change Form, and either fax or mail it with a photo I.D., or return the form in person to the Enrollment Services Office.

\_\_\_ **Step 2. New students must pay the \$20 non-refundable college application fee online at <https://mygcsc.gulfcoast.edu>,** at the Bookstore, or at the GCSC Business Office (in person or by phone). If this is not paid, you cannot get registered for courses.

➤ **Returning students who have not attended GCSC in 2 years or more must pay a \$10 non-refundable college application fee online <https://mygcsc.gulfcoast.edu>,** at the Bookstore, or at the Business Office.

\_\_\_ **Step 3. New "first time" students to college must attend a free online *College Orientation*** which must be completed prior to course registration, otherwise a "hold" will be placed on the student's account. Follow the registration steps via the GCSC website for free online college orientation at: [www.gulfcoast.edu/students/orientation.htm?College=158](http://www.gulfcoast.edu/students/orientation.htm?College=158) .

\_\_\_ **Step 4. Request OFFICIAL transcripts and diplomas from all High Schools, or equivalent GED with scores, and have them sent to Enrollment Services Office of GCSC.** Forms are available in the Enrollment Services Office, online, or at the end of this application packet. Financial Aid will not be awarded until all transcripts are received by GCSC.

\_\_\_ **Step 5. Request OFFICIAL transcripts from all colleges or vocational schools, and have them sent to the Enrollment Services Office of GCSC.** Financial Aid will not be awarded until all transcripts are received by GCSC. Forms are available in the Enrollment Services Office or at the end of this application packet. Grade Point Average (GPA) of 2.0 or greater (on a 4.0 system) is required for all school, college and/or university coursework attempted. A GPA less than 2.0 may be acceptable, but the student will be admitted on probation. Higher grade point averages will be given greater consideration in selection process.

**Unofficial or copies of transcripts cannot be used by the program to award official credit.** If you want consideration for course substitutions or external credit, **you must request an official evaluation of your credits, exams, or experience by contacting the Enrollment Services Office.** It can only be completed after the official transcripts are received from your former college registrar's office to the GCSC registrar's office.

\_\_\_ **Step 6. Applicants may be required to take the PERT college placement tests (Post-Secondary Education Readiness Tests), prior to entry** and achieve the minimum PERT scores of Reading 106; Writing 103; Math 114; to meet the basic entry skills requirements for the A.S. Degree. Developmental courses may be necessary to help you meet prerequisite requirements to enter General Education Courses.

- If you wish to study prior to taking the exams, you may go online obtain a free copy and/or purchase a study guide (for reading, writing, and math) online or at a commercial bookstore.
- Students who entered 9th grade in a Florida public school in the 2003-2004 school year, or any year thereafter, and earned a Florida standard high school diploma, or a student who is serving as an active duty member of any branch of the United States Armed Services are exempt from taking the common placement test. The student must still complete College Orientation if this is her/her first time enrolling in college. (Note: A student who is not required to take the common placement test may opt to be assessed and the college shall provide such assessment upon the student's request. If you need assistance in any course, the college has additional courses which can provide tutoring to assist with your success.)
- Students may be **exempt** from taking the entrance exams, or College Orientation, if they have an Associate Degree or higher, or have taken ENC-1101. When applying to the program, if you have a Bachelor's Degree, any course substitutions must be made on an External Credit Evaluation form. You must request this analysis with the Admissions Office.

- The PERT entrance tests can be taken at any Florida educational facility or college, and scores transferred to GCSC. To hear testing schedules call (850) 769-1551, ext. 2899. Contact the GCSC Testing Office with test questions, verify equivalent tests, and transfer directions.
- If you are having scores transferred, they must be officially transferred from their testing center to our testing center so they can be entered into your record. The phone number for the GCSC Testing Center is (850) 769-1551, ext. 3856 or ext. 3533.

### **Apply to the Associates Program**

- \_\_\_ **Step 7. Submit application forms** in person, by mail to GCSC Health Sciences, Attn: Craig Wise, 5230 West U.S. Highway 98, Panama City, Florida 32401; or by fax to (850) 747-3246, attn. Craig Wise, and include:
- \_\_\_ 1. Completed program Application Form
  - \_\_\_ 2. Copy of your certification card and copy of verification from the website
  - \_\_\_ 3. Verification of employment and experience from your employer
- \_\_\_ **Step 8. Begin Financial Aid** and seek assistance, as needed. Visit the GCSC website at ***www.gulfcoast.edu*** and click on Financial Assistance under the "Future Students" heading or ***https://www.gulfcoast.edu/finance\_assist*** . A financial aid information sheet is in the back of this packet.
- \_\_\_ **Step 9. Give 2 people you know the Personal Reference Forms to complete** (enclosed) and mail to GCSC Health Sciences, Attn: Craig Wise, 5230 West Highway 98, Panama City, Florida 32401. References can be from a pastor, family friends, former teachers, or current/past employers.

### **Register for Courses**

- \_\_\_ **Step 10. Schedule initial advising meeting** with Coordinator Libby McNaron, ***Lmcnaron@gulfcoast.edu***, or our Health Sciences Advisor, Craig Wise, (850) 913-3311 **to evaluate transcripts** for possible course substitution, and/or **enroll** in recommended prerequisites, if not already completed (see attached Master Schedule). For transfer credit, you must request a Transcript Analysis by contacting Enrollment Services at (850) 769-1551, ext. 4888.
- \_\_\_ **Step 11. Enroll in courses required for graduation as outlined on your plan.**
- \_\_\_ **Step 12. Pay for the courses that you're registered in.** You can pay online through Lighthouse at ***https://mygcsc.gulfcoast.edu*** (see first paragraph), or at the Bookstore, or call the Business Office at (850)769-1551 ext. 3534 to pay with a credit card. **Fees not paid by due date will result in being dropped from class; if this happens contact/go to Admissions to enroll immediately and pay for courses the same day, or arrange financial aid.**

**Graduation and Retention Requirements:** For the Health Sciences Programs, students must earn a grade of "C" or higher in each required core course. See specialization track in the Student Handbook for further information regarding graduation, retention, dismissal, readmission, and transfer credit policies.

### **Preparation for Class**

- \_\_\_ **Step 13. Go to the Bookstore to obtain information on the text for the courses and/or order your textbook(s).**
- \_\_\_ **Step 14. Go to the GCSC home page at *www.gulfcoast.edu*; log-in to CANVAS and download your Syllabus.** Review your Syllabus and then contact your Instructor for any questions regarding the course.

### **Submit your documentation for external credit once you have enrolled in your last class.**

- \_\_\_ **Step 15. Request an external credit documentation list and submit the required documentation not already submitted.** Applicants must submit their application during the 1st month of their last registered class for their degree.
- \_\_\_ 1. If previous certification card has expired, or expires prior to graduation, submit a new copy of your certification card, copy of verification from the website, and CPR Certification.
  - \_\_\_ 2. Submit proof of current competency and experience. See packet Checklist sent to you.
- \_\_\_ **Step 16. Complete Program evaluation with the Program Coordinator and obtain a copy of your program evaluation so you can APPLY FOR GRADUATION. Your student folder must be complete with regard to all steps to graduate.**
- \_\_\_ **Step 17. Apply for Graduation.**

Send Color Photograph of Self (Head & Shoulders) to be attached here.

**GULF COAST STATE COLLEGE  
HEALTH SCIENCES DIVISION**

5230 West U.S. Highway 98  
Panama City, FL 32401-1058  
(850) 872-3827 or (850)913-3311  
(850) 747-3246 - fax  
1-800-311-3685 -toll free

Date received by office:

Date student contacted:

**APPLICATION FOR ADMISSION  
ASSOCIATE'S DEGREE PROGRAM**

- HS1-AS Degree in Health Sciences with CST specialization
- HS1-AS Degree in Health Sciences with Central Sterile Processing specialization
- SFA2-AS Degree in Surgical First Assisting
- Check, if you are a CST - Certified Surgical Technologist.
- Check, if you are a CSFA - Certified Surgical First Assistant

Applying for Program start dates: \_\_\_ Jan. \_\_\_ May \_\_\_ Aug. of the current year

Answer all questions; please TYPE or PRINT (submit form as soon as possible).

Name \_\_\_\_\_ Male  Female   
                     First                      Middle                      Last                      Maiden Name

Home Address \_\_\_\_\_  
                                     Street and No.                                      City                                      State                                      Zip                                      County

**MAILING ADDRESS** (if different from above): \_\_\_\_\_

**Mandatory** Student ID Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**EDUCATION**

**OFFICIAL TRANSCRIPTS must be mailed to** the Office of Admissions and Records.

**ALL schools and colleges** attended must be listed for the application to be complete. **If necessary, use additional sheets.**

Name of School	Location of School	From Month/Year	To Month/Year	Did you receive Diploma? Degree? Certificate?	What was your Major/Minor?
High School or GED					
Technical Program					
College or University					
College or University					

**LICENSES AND CERTIFICATION - \*\*\*ATTACH COPIES OF YOUR CERTIFICATION\*\*\***

	Type	Issued by which State / Agency	License No.	Expiration Date
Professional Licenses	_____	_____	_____	_____
or Certifications	_____	_____	_____	_____

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**CONTACT INFORMATION**

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Please provide information about three people who will always know where to locate you:

Name	Mailing Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**HEALTHCARE RELATED WORK EXPERIENCE and/or VOLUNTEER EXPERIENCE**

Use additional sheets, if necessary.

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**1. EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number
City
State
Phone: \_\_\_\_\_
Extension \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
Mo./Yr.
Mo./Yr.

Reason for Leaving \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number
City
State
Phone: \_\_\_\_\_
Extension \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
Mo./Yr.
Mo./Yr.

Reason for Leaving \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

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**PLEASE READ AND SIGN THE FOLLOWING**

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, omission or falsification of information is cause for denial of admission from the program. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the programs in the Health Sciences Division. I further understand that background checks and drug screening are routinely required at most clinical facilities prior to the students' clinical placement.

**NOTE:** Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to Executive Director of Human Resources/Title II/504/Title IX Coordinator and Employment Equity Officer, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; 850-872-3866.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**RETURN APPLICATION TO:**

Gulf Coast State College  
 Health Sciences Division - Room 200  
 5230 W. U.S. Highway 98  
 Panama City, FL 32401-1058  
**E-mail to: Lmcnaron@gulfcoast.edu**

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

# Student Planning Guide

**Please complete and submit this form with your application packet.** As an Instructor, I want to be sure that you have been fully informed and understand the career field that you have chosen, so that you can be successful in the completion of this program. If you have any difficulty completing this form, **you can find the answers in the application packet.** For further information, go to either our website [www.gulfcoast.edu/current-students/academic-divisions/health-sciences/surgical-technology](http://www.gulfcoast.edu/current-students/academic-divisions/health-sciences/surgical-technology) or the Association of Surgical Technologists website [www.ast.org](http://www.ast.org). If you still have questions, e-mail [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu) , or call Libby McNaron at (850) 873-3551 for assistance.

1. Why do I want to enroll in this program? Why do I want to have an Associate's Degree?
2. What are my goals? 1 year from now: \_\_\_\_\_  
10 years from now: \_\_\_\_\_

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3. Our goal is to help you plan for all of the things you will need to be successful. For information, go online to the Surgical Technology website, or e-mail us for the steps to apply for financial aid. Request a sample calendar to assist with planning.

Family support:

Tuition:

Living expenses/ Bill management:

Time Management: We have filled in the time we know that you need to be successful.

	Low -High
Homework/Studying	<u>2 - 3</u> hours
Class	<u>1 - 2</u> hours
Sleep	<u>6 - 8</u> hours
Exercise/Time for Self	<u>½ - 1</u> hours
Family Time	_____ hours
Eating	_____ hours
Bathing	_____ hours
Traveling to and from school	_____ hours
Responsibilities (work/chores/bills)	_____ hours
Total Time	<u>24</u> hours

What will be your time challenge?

How will you manage it?





# Associate's Degree in Surgical Services - HS1-AS with ST Specialization

GENERAL EDUCATION COURSES	Cr. Hrs.
+* ENC1101, English Composition I .....	3
+* Natural Science (BSC, CHM, GLY, PHY).....	3
+ Math Approved /College level (MAC, MGF, STA) ...	3
PSY2012 or SYG2000, Psychology/Sociology .....	3
+ Humanities (Level I, II, or III).....	3

Degree AS in Surgical Services ..... 64 Credits Total

**Surgical Technologist:** Up to 45 of the college credits in classroom, lab skills and clinical experience may be granted by validated current proof of certification as a surgical technologist (CST). For those desiring an A.S. degree, an additional 15 credits including the General Education courses (ENC1101, PSY2012 or SYG2000, Math, and a Humanities course) and the 3 course credits for specialization either in education, management, or marketing/sales are required for a total of 42 credits to earn the SFA2-AS Degree.

**CST or CSFA Applicants:** To be eligible to graduate from GCSC, the student will have to complete at least 25% of the entire 64 credit program with GCSC, which is a minimum of 16 credit hours completed at GCSC for the SFA2-AS Degree.

## SURGICAL FIRST ASSISTING ASSOCIATE IN SCIENCE (SFA2-AS)

GENERAL EDUCATION COURSES	Cr. Hrs.
Pre-requisite Required:	
+* BSC2085, Anatomy and Physiology I .....	3
+* BSC2085L, Anatomy and Physiology I Lab .....	1
+* BSC2086, Anatomy and Physiology II .....	3
+* BSC2086L, Anatomy and Physiology II Lab .....	1
+* HSC1531 Medical Terminology.....	2

Other General Education Requirements for AS:

+ ENC1101, English I.....	3
+ PSY2012, General Psychology or	
+ SYG2000, Sociology .....	3
+ Humanities .....	3
+ Math (MGF, MAC or STA) .....	3

Note: Biomedical Ethics Recommended

TOTAL DEGREE CREDITS .....74

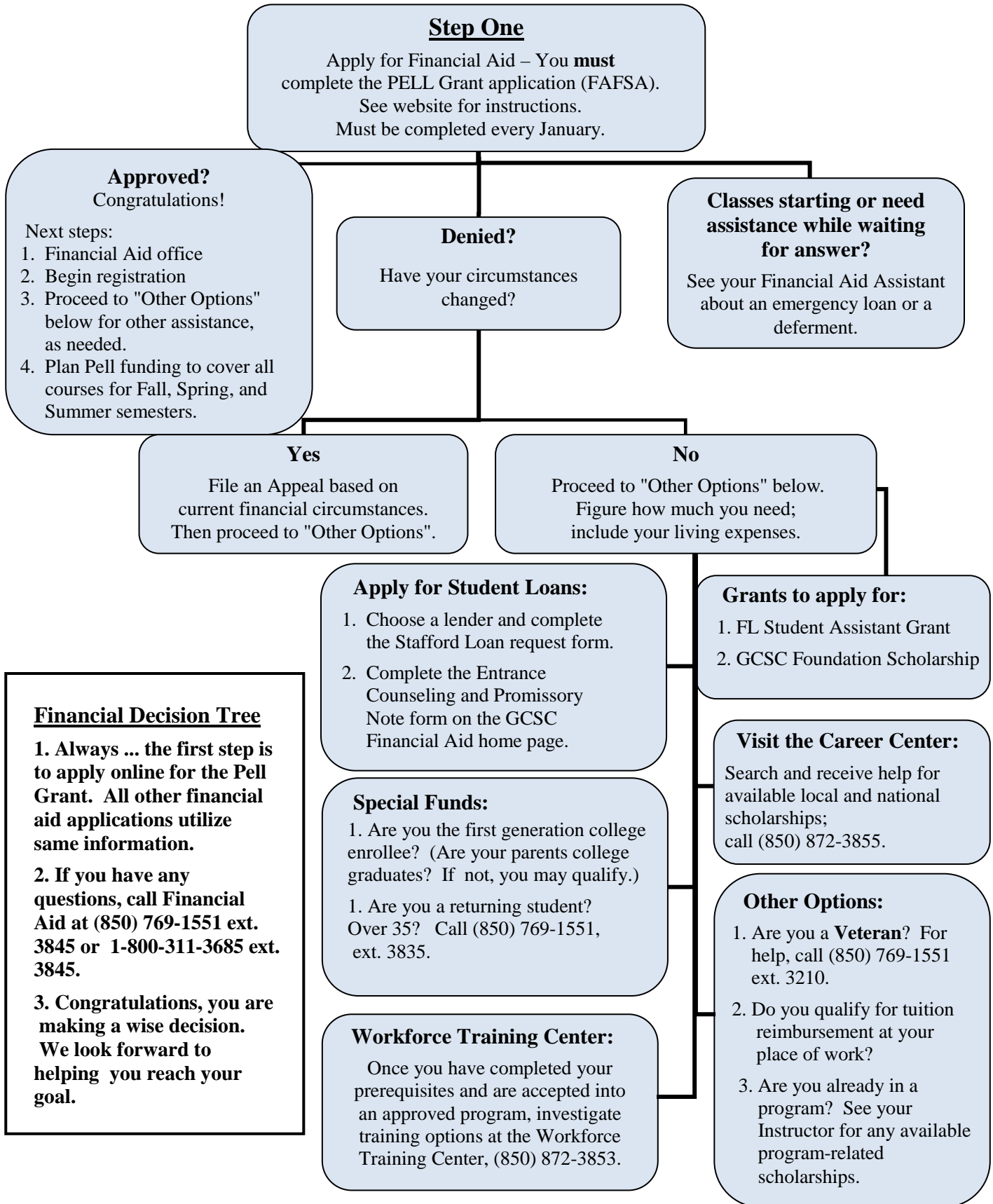
**GCSC Articulation:**

**Surgical First Assistant:** For those students who are CST/CSFA certified, who desire to earn an A.S. degree in SFA, up to a total of 45 credits can be awarded. Students must complete the remaining General Education courses BSC2085, BSC2085L, BSC2086, BSC2086L, ENC1101, PSY2012 or SYG2000, a Humanities course, a Math course, and the HSC Medical Terminology course.

**CST or CSFA Applicants:** To be eligible to graduate from GCSC, the student will have to complete at least 25% of the entire 74 credit program with GCSC, which is a minimum of 19 credit hours completed at GCSC for the SFA2-AS Degree.

Contact us for a current individualized plan prior to enrolling into classes.

# Financial Aid Information



**Financial Decision Tree**

1. Always ... the first step is to apply online for the Pell Grant. All other financial aid applications utilize same information.
2. If you have any questions, call Financial Aid at (850) 769-1551 ext. 3845 or 1-800-311-3685 ext. 3845.
3. Congratulations, you are making a wise decision. We look forward to helping you reach your goal.

For more information on financial aid, visit our website at [http://www.gulfcoast.edu/finance\\_assist/default.htm](http://www.gulfcoast.edu/finance_assist/default.htm)



## APPLICATION INSTRUCTIONS FOR THE COLLEGE

**Enrollment Services Office  
Gulf Coast State College  
5230 West U.S. Highway 98  
Panama City, Florida 32401  
(850) 872-3892**

### HOW TO APPLY TO THE COLLEGE ONLINE

1. Go to [www.gulfcoast.edu/admissions/admissions-application-type.html](http://www.gulfcoast.edu/admissions/admissions-application-type.html) . Scroll down to bottom of that page.
2. Select the “**First time user account creation**” at bottom of screen.
3. Create your login ID; for example, your first initial and last name. Create a pin number and re-enter it.
4. Select the Application Type link for your admissions application. (“Transfer” if you have ever had any college courses; “Returning” if you have ever taken any college credit courses at GCSC; “First Time in College” if you have never been to college before.)  

Be sure to select the correct **term of entry**, or else you will not be able to register without going through the Enrollment Services Office. Always select the current term (example: Fall 2017, for August 2017; January 2018 for Spring 2018; May 2018 for Summer 2018; August 2018 for Fall 2018). Complete the online college application by clicking on each section until all sections are completed, and select **your program of study**.
5. Once you have paid the \$20 non-refundable *college* application fee, it usually takes 48 hours to process the online application and enter it into our system. **You cannot register for any prerequisite classes until the college application fee is paid.**
  - Returning students who have not attended GCSC in 2 years or more must also pay a \$10 non-refundable college application fee online.
6. Submit a completed program application found in the program Application Packet.
7. When your college application has been processed you are ready to access the Lighthouse database. You will need to know your student ID-number and your DOB (MM/DD/YY) to initially login into Lighthouse.
  - Your Lighthouse user ID-number is the same as your student ID-number. Your acceptance letter to the college will prominently list your student ID-number.
8. You can access Lighthouse:
  - a. to register for classes
  - b. to pay registration fees for classes
  - c. to check grades
  - d. to upgrade your personal information
  - e. to confirm your GCSC e-mail address
9. To register for certain classes, testing must be completed and your \$20 college application fee paid. Be sure to take the PERT or CPT exams as indicated in the program application.
10. Request copies of your transcripts from **all** high schools and all colleges attended. If you completed the GED, there is a request form located on the Admissions website or in your program application packet.
11. For questions about applying for admission or checking the status of your application, contact the Enrollment Services Office at (850) 872-3892.



# Request for Official Florida GED Diploma and/or Transcript

**PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING YOUR REQUEST FORM. Please remember, the GED office is not allowed to send certificate or scores by FAX.**

**Do not use this form to request a diploma or transcript if you earned a GED from another state. The following items must accompany this request form. Failure to include these items may result in your request being returned.**

1. Mail a **\$6 money order or cashier's check** for each transcript or diploma, payable to **Florida Dept. of Education**
2. Personal checks not accepted
3. **Include your name and last 4-digits of your social security number** on the cashier's check or money order.
4. Address an appropriate sized **envelope to where you want us to mail** the document:

A **diploma** (certificate) requires **\$1.15 cents postage** on a **10x13** envelope.

A **transcript** (scores) requires **First Class postage** on a **business size** envelope.

If you order both documents, and they are being sent to the same address, send only a 10x13 envelope.

**This form should NOT be used to request a copy of a diploma or transcript if the student earned a standard or adult high school diploma from a Florida public high school. Please contact the school board office in the county where the person graduated.**

## Student Information

Name \_\_\_\_\_  
Last First MI Suffix (Jr., Sr., etc.)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name at time of testing (if different) \_\_\_\_\_  
(If you are requesting a name change on your GED record, must submit legal documentation to support the change, i.e., marriage license, divorce decree, or court order).

Mailing Address (current) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

Indicate the **YEAR** you took the test? \_\_\_\_\_ Diploma Number (if known) \_\_\_\_\_  
(if current year, please give **DATE** of testing)

Indicate the **COUNTY** or **CITY** where you tested? \_\_\_\_\_

**Indicate address where document is to be mailed. (This should be the same as your enclosed envelope.)**

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### **Payment Required:**

\_\_\_\_\_ Transcripts (scores) x \$6.00 = \$ \_\_\_\_\_

\_\_\_\_\_ Diplomas x \$6.00 = \$ \_\_\_\_\_

Total Payment Enclosed : (**Cashier's check or money order ONLY**) \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Mail Request Form to:</b> GED Testing Office Florida Department of Education 325 West Gaines Street, Room 634 Tallahassee, Florida 32399-0400	<b>For additional assistance, call:</b> (850) 245-0449 1-877-352-4331 (toll-free, Florida only)
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# TRANSCRIPT REQUEST FORM

FOR HIGH SCHOOL, VOCATIONAL SCHOOL,  
COLLEGE, OR UNIVERSITY TRANSCRIPTS

**THAT NEED TO BE MAILED TO  
GULF COAST STATE COLLEGE**

**Please complete and take or mail this form to the schools you have attended.** (Transcripts are required from each high school and college that you have attended for admission to Gulf Coast State College.)

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TO: \_\_\_\_\_  
Name of School Attended

I am applying for admission to **Gulf Coast State College**. In order to complete my admission process, I need an **official transcript and diploma** mailed to the address below. If there is any charge/fee, I agree to pay it.

I attended from \_\_\_\_\_ to \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I attended under the name of: \_\_\_\_\_

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**Transcripts may be mailed to:**  
**Gulf Coast State College**  
**Office of Admissions and Records**  
**5230 West U.S. Highway 98**  
**Panama City, Florida 32401-1058**

GCSC also accepts electronic transcripts from the following secure sites:  
F.A.S.T.E.R./Speedy – Institution Code 001490  
National Student Clearinghouse; Parchment;  
eScrip-Safe & Scrip-safe e-mailed to  
jgannaway@gulfcoast.edu or  
admissions@gulfcoast.edu

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_







Gulf Coast State College  
5230 West U.S. Highway 98  
Panama City, Florida 32401

### Subject: Verification of Employment

#### Section I:

Potential student is to fill out this section, date, and sign it and send it to the place of employment. Please PRINT the Following Information.

Name: \_\_\_\_\_  
Name at time of employment if different: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Job / Position Held: \_\_\_\_\_

I hereby authorize the Human Resources Department or other department of the above listed place of employment to release the information or confirmation of the information listed above. Additionally, I release Gulf Coast State College and the place of employment listed above from all liability whatsoever for issuing the requested information.

\_\_\_\_\_  
Student Authorizing Signature

\_\_\_\_\_  
Date

#### Section II:

I certify that the records of \_\_\_\_\_ (company) reveal the following on the person identified above:

\_\_\_ Above information is correct

\_\_\_ Above information is correct with the following correction:

\_\_\_ Unable to verify information due to:

Please verify employment of the above named person and return this form via fax to 850-747-3246 or email information to [Lmcnaron@gulfcoast.edu](mailto:Lmcnaron@gulfcoast.edu).

Name of person verifying employment (print name) \_\_\_\_\_ (signature) \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone # \_\_\_\_\_

Thank you,  
Libby McNaron, RN, CNOR, CST, CSFA, MSN, FAST  
Program Coordinator, Surgical Services



**GCSC Health Sciences Division - Personal Reference Form – Surgical Services**

**COMPLETED BY STUDENT:** I, (print name) \_\_\_\_\_ give permission to \_\_\_\_\_ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I \_\_\_\_\_do \_\_\_\_\_do not waive my rights to review the content of this form. I do release them from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Craig Wise, 5230 West Highway 98, Panama City, Florida 32401.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Completed by person authorized to complete Reference:**

- How long have you known this applicant and in what capacity? \_\_\_\_\_  
How well do you know the applicant? \_\_\_\_\_Very Well \_\_\_\_\_Fairly Well \_\_\_\_\_Slightly
- In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- Would you allow this individual to provide healthcare for you or your family if you were ill? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain why: \_\_\_\_\_
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? \_\_\_\_\_
- How do you perceive this person reacting when placed in a stressful situation or working under pressure?  
Circle one: Wise Sensible Irrational Impractical Hysterical Other \_\_\_\_\_
- Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.  
Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND  
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

Please check or write in the spaces to indicate the traits that best describes the applicant:

	Above Average	Average	Below Average	No Basis to Judge Applicant
Communication skills, clarity				
Cooperation, team player, ability to get along with others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, (response to conflict)				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**GCSC Health Sciences Division - Personal Reference Form – Surgical Services**

**COMPLETED BY STUDENT:** I, (print name)

give permission to \_\_\_\_\_ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I \_\_\_\_\_ do \_\_\_\_\_ do not waive my rights to review the content of this form. I do release them from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Craig Wise, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed by person authorized to complete Reference:**

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How well do you know the applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly
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Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_