

Phoenix College
2025-2026 Histology Program Application
Associate in Applied Science/Certificate of Completion in Histologic Technology

Submission Due Date: 4 pm July 31, 2025

We appreciate your interest in the Histology Program at Phoenix College.

Follow this checklist carefully to ensure that your application and documentation are complete and in order for the selection committee.

It is the applicant's responsibility to verify that the application is complete.

REQUIREMENTS FOR ADMISSION

1. **Histologic Technology Admission Information:** Please thoroughly read ALL of the information within the program website prior to completing the application to ensure you meet all application requirements.
2. **Advisement:** The first step for applicants seeking admission to the Histologic Technology Program is to meet with a Phoenix College Academic Advisor.
3. **Transcripts:** Request that ALL official colleges/universities transcripts be sent to the Admissions Office at Phoenix College. Please request that the institution include a current name and student identification number. It is the students' responsibility to confirm the receipt and evaluation of all transcripts with the Academic Advisor. Please note each college processing times can vary. All transcripts must be sent to the Admissions Office at Phoenix College. Unofficial college transcript showing completion of prerequisite course work or signed waiver for prerequisites by program director must be included in the program application
4. **Fingerprint Requirement:** A valid level one Fingerprint Clearance Card is required as part of the application. You can apply for a level one Fingerprint Clearance Card through the Arizona Department of Public Safety by going to the following website: <https://www.azdps.gov/services/public/fingerprint>. Allow a minimum of 4 to 8 weeks to receive the card. When submitting your application, you will be required to upload a copy of the front and back of your level one Fingerprint Clearance Card.
5. **Prerequisite Course Requirements:** Unofficial high school/college transcript showing completion of prerequisite course work or signed waiver for prerequisites by program director (requires upload)
6. **Requirements for a Complete Application:**
 - Completed Histologic Technology Program Application, included meeting appropriate prerequisite coursework requirements
 - Academic Advisement by a Phoenix College Advisor within the last 6 months (must indicate date of advisement and advisor's first and last name)
 - Unofficial college transcript (including all Maricopa transcripts) showing completion of prerequisite course work or signed waiver for prerequisites by program director (requires upload) AND all official transcripts on file at Phoenix College
 - Copy of current valid Level 1 Fingerprint Clearance Card (both sides of the card)
 - Affirmation of Essential Abilities Requirements for Promotion and Retention
 - Additional Information and Requirements for Acceptance into the Histologic Technology Program
 - Information for If you are Accepted into the Histologic Technology Program

* I have reviewed the information above and as part of the application I have provided proof of all required documentation.

If you have any questions about this process please contact Advisement at (602) 285-7777.

ALL DOCUMENTATION MUST BE SUBMITTED AT THE SAME TIME. NO PARTIAL PROGRAM APPLICATION WILL BE ACCEPTED. THE COLLEGE DOES NOT GUARANTEE ALL APPLICANTS TO BE ACCEPTED INTO THE HISTOLOGY PROGRAM DUE TO LIMITATIONS OF CLINICAL PLACEMENTS AND ACCREDITATION RESTRICTIONS.

Applications must be submitted by 4pm July 31, 2025

Last Name: * First Name: * Middle Name:

Former Name(s):

Student ID Number: * Phone Number:
(starts with a 3)

Mailing Address: *

City: * State: * Zip:

Email Address: *

Please provide an email address that you check regularly. Correspondence regarding the program will be sent to the email address you provide above.

Have you met with a Phoenix College Academic Advisor within the last 6 months? *

Please indicate the First and Last Name of the Phoenix College Academic Advisor *

you met with and the Date you met with that Academic Advisor.

Meeting with an advisor is a requirement:

Equal Opportunity Statement

Phoenix College, one of the Maricopa Community Colleges, does not discriminate on the basis of race, color, gender, national origin, religion, handicap or age in application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

Education - List each college attended

COLLEGE - PRINT FULL NAME	CITY AND STATE	Dates attended (from MM/DD/YYYY)	Dates attended (to MM/DD/YYYY)

Check each level of education you have completed:

GED
 High School Diploma
 AA Degree
 Other
Please specify:

Transfer coursework and credits

Complete **EACH** of the following steps to ensure that you receive proper credit for coursework transferred from other institutions:

Submit the following to: Phoenix College
Admissions & Records
1202 W. Thomas Road
Phoenix, AZ 85013

1. Phoenix College Student Information Form (application), if not currently enrolled.
2. Official transcripts from all colleges and universities must be sent directly from issuing institution(s) and officially evaluated by the Phoenix College Office of Admissions and Records *at the written request of the student* as follows:

STEP 1: Contact those colleges or universities requesting that your official transcripts be sent to Phoenix College Admissions and Records Office. There may be a charge for official transcripts.

STEP 2: After 3 to 4 weeks, check with Phoenix College Admissions and Records Office at 602-285-7500 to verify arrival of all transcripts. If transcripts have not been received, contact the former institutions.

STEP 3: (This step does not apply to schools within the Maricopa Community College District)

- Complete Transcript Evaluation Request Form and submit it to the Office of Admissions and Records.
- Official evaluation of your credits will be made AFTER all transcripts have been received.
- Following 3 to 5 weeks from the date that your last transcript has been received, you will receive a copy of the evaluation. Courses considered freshman level (numbered 100 or above) and grades of "C" or better may be transferred. Only credits from regionally accredited college(s) identified in the college catalog will be evaluated. If you have questions about this report, please contact your advisor.

STEP 4: If you did not receive credit for a specific prerequisite or co-requisite, you may have to provide a course description for review by Admissions and Records. ****Please note - courses MUST be officially evaluated to be considered for transfer credit****

International Transcripts

Please contact the Admissions and Records Office for evaluation of transcripts from institutions outside the United States.

* I understand it is my responsibility to ensure that I receive proper credit for coursework transferred from other institutions. If I do not receive credit for specific courses, I may not be admitted to the program.

Prerequisite Course Work

1. All prerequisite courses and all general education requirements must be completed and grades posted prior to the Histology Program application due date, December 13, 2024. **Unofficial transcripts must accompany this application.** (The Humanities & Fine Arts and Social & Behavioral Sciences required courses may be in progress at time of application, but must be completed with a grade of C or better by the completion of the program.)
2. Only those grades completed and posted by the application deadline date will be considered for evaluation.
3. All courses must reflect a grade of "C" or better.

Prerequisite and General Education Courses must be completed prior to submitting a program application

Course		Grade	College	Date Completed
HCC 130	Fundamentals in Health Care Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCC 145 AA	Medical Terminology I or HCC145 or HCC146 specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO156	Introductory Biology for Allied Health	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAT 140	College Mathematics or higher level math specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHM 130 and CHM 130 LL	Fundamental Chemistry <i>and</i> Lab or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENG101	First Year Composition or ENG107	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENG102	First Year Composition or ENG108 or ENG111	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM100	Communication or COM110 or COM225 or COM230 specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRE101	Critical & Evaluative Reading I or exempt by assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO201	Human Anatomy & Physiology I	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIO202	Human Anatomy & Physiology II	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Humanities & Fine Arts – any approved course specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Social & Behavioral Sciences – any approved course specify course: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Upload unofficial transcripts for all completed prerequisite courses:

The chemistry, biology, anatomy and physiology, and math courses must have been completed within the last 8 years.

HCC130 and HCC145AA may be waived for students with 2 years of documented healthcare experience with prior written Program Director approval. HCC130 and HCC145AA may be waived for students who have completed an Associate of Applied Science degree or higher degree in a health science discipline from a regionally accredited institution of higher education recognized by the Maricopa Community College District with prior written Program Director approval.

Unofficial Transcript Upload:

Upload Waiver documentation here:

Critical Thinking Essay Questions

Please respond to each of the following essay questions in 2-4 sentences.

It is expected that every student will produce his/her original, independent responses. Any student plagiarizing any response may be reported for disciplinary action, which will adversely impact your application for the program. For your protection, please avoid even the appearance of academic dishonesty.

****Statements will be evaluated for spelling and grammar, in addition to content.****

Essay Question 1

This is a hybrid program. Define hybrid and explain what this means to you. What do you think this means in terms of your learning? How do you plan to manage your time and learning given this format?

Essay Question 2

How do you balance working/learning independently and collaborative learning (working/learning/studying with other students)? What is your responsibility in maintaining this balance?

Essay Question 3

Describe your understanding of the field of histology. Do you have any experience in the field of histology? Identify 5 skills important in the field of histology and how you possess these skills.

Essay Question 4

Provide an autobiographical narrative of your past academic and career endeavors and relate them to your future academic and professional goals. Include your reasons for choosing a career in Histology.

Level 1 Fingerprint Clearance Card Proof

You must upload **PROOF** of your Level 1 Fingerprint Clearance Card from the Arizona Department of Public Safety (Front and Back).

Applications submitted without fingerprint clearance card will be rejected.

Level 1 Fingerprint Clearance Card	Issued by the Arizona Department of Public Safety. Provide a photocopy/scan of the front and back of the card. The card must be valid throughout the duration of the program.	FileUpload1
Additional Documentation	If there is any additional documentation that you would like to upload, please do so here:	

2025-2026 Histology Program Schedule

In order to successfully complete the Histology (HT) program, you must indicate that you understand the program course and clinical schedule you will be required to participate in.

Clinical externship hours must be completed during the dates/times listed, evening/weekend hours are not available. However, the actual start times may vary and are determined by the individual clinical site.

****If your availability for clinical externship does not fall into the below dates and times, you will not be able to be placed in a clinical externship, and will be removed from the Histology (HT) Program. ****

* I understand the above statement.

COURSES AND DATES

Fall 2025:

HST 180 – Overview of Histology (Anatomic) Laboratory (2 credits)

Class Dates: August 21, 2025 – September 4, 2025, In-person: 8/21, 8/26, 8/28, 9/2, 9/4

HST 181 – Chemistry of Fixation (3 credits)

Class Dates: September 9, 2025 – October 9, 2025, In-person: 9/9, 9/11, 9/16, 9/18, 9/23, 9/25, 9/30, 10/2, 10/7, 10/9

HST 182 - Microtomy (5 credits)

Class Dates: October 14, 2025 – November 20, 2025, In-person: 10/14, 10/16, 10/21, 10/23, 10/28, 10/30, 11/4, 11/6, 11/11, 11/13, 11/18, 11/20

HST 183 – Practicum: Chemistry of Fixation (1 credit) Clinical Externship

Dates: November 24, 2025 – December 19, 2025 (M-F) 20 hours per week (3 weeks)

HST 184 – Practicum: Microtomy (1 credit) Clinical Externship

Dates: November 24, 2025 – December 19, 2025 (M-F) 20 hours per week (3 weeks)

Spring 2026:

HST 185 – Cellular Biological Staining (5 credits)

Class Dates: January 13, 2026 – February 12, 2026, In-person: 1/13, 1/15, 1/20, 1/22, 1/27, 1/29, 2/3, 2/5, 2/10, 2/12

HST 186 – Cellular and Immunohistochemical Staining (5 credits)

Class Dates: February 17, 2026 – March 26, 2026, In-person: 2/17, 2/19, 2/24, 2/26, 3/3, 3/5, 3/10, 3/12, 3/24, 3/26

HST 187 – Practicum: Cellular Biological Staining (1 credit) Clinical Externship

Dates: March 30, 2026 – May 22, 2026 (M-F), 20 hours per week (8 weeks)

HST 188 – Practicum: Cellular and Immunohistochemical Staining (1 credit) Clinical Externship

Dates: March 30, 2026 – May 22, 2026 (M-F), 20 hours per week (8 weeks)

Classes are hybrid courses, with the majority of the coursework online, and in-person sessions scheduled on **Tuesdays and Thursdays from 12:00pm - 4:00pm**

Clinical rotations (practicums) are 20 hours per week scheduled during day shift hours, Monday through Friday

* I understand the dates of the program that include in-person requirements on **Tuesday and Thursday afternoons**

* I understand the dates and format of the program are subject to change, depending on current federal, state, and local public health requirements.

2025-2026 Cohort Histologic Technology Program – Calendar

August 2025						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September 2025						
Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

December 2025						
Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
Week 1						
7	8	9	10	11	12	13
Week 2						
14	15	16	17	18	19	20
Week 3						
21	22	23	24	25	26	27
28	29	30	31			

January 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- In-Person Class
- Online Course Participation
- Holiday/ Online Class
- Clinical Externship (20 Hours per Week)

Essential Functions

Histology Program Essential Functions

It is essential that Histology students be able to perform a number of physical, cognitive, and behavioral abilities, throughout the duration of the program. Students will be required to stand for several hours at a time and perform bending activities as well as possess manual dexterity.

Essential skills and abilities are requirements that refer to those physical, cognitive, and behavioral abilities required for satisfactory completion of the program curriculum. The essential abilities required by the curriculum are in the following areas: motor, sensory, communication, intellectual, and the behavioral and social aspects of the performance of the histologist.

A student must be able to perform the following essential requirements to complete the activities necessary to participate in the Histology Program:

1. Characterize the color, consistency and clarity of biological specimens or reagents.
2. Employ a clinical grade binocular microscope to discriminate among fine differences in structure and color (hue, shading, and intensity) in microscopic specimens.
3. Read and comprehend (English) text, numbers and graphs displayed in print and on a video monitor.
4. Move freely and safely about a laboratory.
5. Perform moderately taxing continuous physical work using proper body mechanics and ergonomics, often requiring prolonged sitting over several hours.
6. Reach laboratory bench tops and shelves, patients lying in hospital beds or patients seated in specimen collection furniture.
7. Maneuver equipment to collect laboratory specimens.
8. Manual dexterity to manipulate laboratory equipment using proper ergonomics (i.e., microtomes, slides, test tubes) and adjust instruments to perform laboratory procedures.
9. Manipulate an electronic keyboard to operate laboratory instruments and to calculate, record, evaluate, and transmit laboratory information.
10. Read and comprehend technical and professional materials (i.e., textbooks, magazine and journal articles, handbooks and instruction manuals).
11. Follow oral and written instructions in order to correctly perform laboratory test procedures.
12. Effectively, confidentially, and sensitively converse with health care team members regarding laboratory tests.
13. Communicate with faculty members, student colleagues, staff and other health care professionals orally and in a recorded format (writing, typing, graphics or telecommunications).
14. Be able to manage the use of time and be able to systematize actions in order to complete professional and technical tasks within realistic constraints.
15. Possess the emotional health necessary to effectively use her or his intellect to exercise appropriate judgment. The candidate must be able to provide professional and technical services while experiencing the stresses of task-related uncertainty (i.e., ambiguous test ordering, ambivalent test interruption), emergent demands (i.e., "STAT" test orders), and a distracting environment (i.e., high noise levels, complex visual stimuli).
16. Be flexible, creative and adapt to professional and technical change.
17. Recognize potentially hazardous materials, equipment and situations and proceed safely in order to minimize risk of injury to self and nearby personnel.
18. Be honest, compassionate, ethical and responsible. The student must be forthright about errors or uncertainty. The student must be able to critically evaluate her or his own performance, accept constructive criticism and look for ways to improve (i.e., participate in continuing education activities). The student must be able to evaluate the performance of colleagues and professionals and tactfully offer constructive comments.

* I have read and have had the opportunity to have all of my questions answered regarding the Essential Functions for the Phoenix College Histology Program. Checking this box represents that I understand, and will abide by, these requirements.

Additional Information and Requirements for Acceptance into the Histology Program

You are responsible for understanding the following information about admission to the Histology Program at Phoenix College, as well as understanding the following information about participating in the Histology Program at Phoenix College, if you are accepted into the Program.

I certify that:

- * It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information and requirements WILL adversely affect my admission into the program.
- * I understand that I will be required to submit to an additional background check after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the additional background check, WILL result in removal from the program.
- * I understand that I will be required to submit to, and pass, a drug test after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the drug test, WILL result in removal from the program.
- * I understand and agree to fully participate in classroom, laboratory, and clinical settings and program activities.
- * I understand that I will be required to submit all of my health and safety documentation to an Immunization Compliance Tracker after acceptance into the program, prior to clinical externship, and that I am responsible for this expense. Failure to do so, or failure to pass the Immunization Compliance Tracker, WILL result in removal from the program.
- * I understand that I must have completed all prerequisites and all general education requirements, prior to admission into the Histology Program courses.
- * The information provided in this application is true, correct, and complete to the best of my knowledge. If any information changes (such as name, phone number, or address), it is my responsibility to notify the Histology Program so the changes can be made in my file.
- * I understand that the dates for the program courses, including clinical externship, may change without prior notice, depending upon the current public health situation in Phoenix. I further understand that I may be accepted into the 2025-2026 Histology Program, but may not be able to complete the program by May 2026 if there are extenuating public health circumstances beyond the control of the Histology Program.

Additional cost and Registration

If you are Accepted Conditionally into the Histology Program:

There are standards in effect for all Allied Health and Nursing Student in the Maricopa County Community College District (MCCCD). In order for MCCCD students to be able to complete clinical experiences at local hospitals, students must meet these standards. Failure to complete all of the additional requirements by the deadline(s) WILL result in removal from the program.

1. MCCCD Supplemental Background Check and Immunization Compliance Tracker via Complio American DataBank (cost \$175)

Background Check

In addition to the level 1 fingerprint clearance card, each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCD-supplemental background check. Students are required to pay the cost of obtaining this supplemental background check as part of Complio. Information regarding the background check will be provided to you.

The supplemental background check is due August 28, 2025. Failure to submit to, and pass, the supplemental background check by the deadline WILL result in removal from the program. Additional information will be provided to students.

Immunization Compliance Tracker

Each student will be required to keep track of their health and safety documentation electronically through an Immunization Compliance Tracker via Complio. Students are required to pay the cost of the tracker as part of Complio. Information regarding the compliance tracker will be provided to you.

The immunization compliance tracker is due August 28, 2025. Failure to complete the Immunization Compliance Tracker WILL result in removal from the program.

2. Clinical Orientation and Regulatory Modules via myClinicalExchange (cost \$42)

Each student will be required to complete online clinical orientation and regulatory modules to prepare for clinical externship via myClinicalExchange. Information regarding the clinical orientation modules will be provided upon acceptance into the program.

Students are required to pay the cost of online clinical externship orientation and complete the online clinical orientation, which will have a due date of August 28, 2025. Failure to complete the online clinical orientation WILL prevent you from attending clinical externship.

3. MCCCD Drug Screen (cost \$37)

Each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCD drug screen through Complio. Students are required to pay the cost of obtaining this drug screen. Information regarding the drug screen will be handed out upon acceptance into the program and will be due August 28, 2025.

Placement in a clinical externship will not occur until students submit and pass the MCCCD required drug screen. Failure to submit to, and pass, the drug screen WILL result in removal from the program.

This is for your information only – no action is necessary unless or UNTIL you have been conditionally accepted into the program.

* I have reviewed the information above and understand the information required from me, if I am conditionally accepted into the Histology Program.

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS

Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
4. **I understand that failure to obtain a "pass" as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.**
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
8. By virtue of the MCCCDC supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant

Any inclusion on any registered sex offender database

Any inclusion on any of the Federal exclusion lists or Homeland Security watch list

Any conviction of Felony no matter what the age of the conviction

Any warrant any state

Any misdemeanor conviction for the following-No matter age of crime

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 3 years

- Exceptions:

Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCDC background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

* **I have read and understand the above information.**

Final Acknowledgement and Signature

This is the last part of the program application.

Your next step will be to electronically sign the application, which automatically submits the application.

Do not submit until you are ready, and your application is complete.

You can not edit the application once you submit your application.

You can only submit your application once.

Thank you for applying for the Phoenix College 2025-2026 Histology Program.

Signature _____

Date: _____