SUNY ORANGE
HEALTH PROFESSIONS

PRE-ADMISSION SEMINAR SIGN IN

I am attending this seminar for more information and to complete the admission requirement the following program (**check ONE only**):

- ❑ Dental Hygiene
- ❑ Medical Laboratory Technician
- ❑ Occupational Therapy Assistant
- ❑ Radiologic Technology

I understand the material that was discussed at meeting which include the following:

1. Program mission, graduate and program goals, programmatic philosophy and methodology.
2. Guidelines for progression in the program.
3. Clinical assignments and transportation.
4. Health policies
   a. Health physical
   b. Second year health physical
   c. Alcohol and drug testing
   d. Hepatitis B vaccination
   e. NYS mandated flu vaccination
5. Repeating a course
6. Interruption of education
7. Auditing courses
8. Maximum completion time
9. Accreditation standards
10. Felony convictions

Please answer the following questions:

1. Have you ever been enrolled in and removed from a Health Profession Program? ❑Yes ❑No
2. Have you ever been arrested resulting in a criminal conviction? ❑Yes ❑No

❑ I understand that I must apply online for the health profession program of my choice; the general SUNY Orange application does not satisfy that requirement.

❑ I understand the admissions requirements related to the health profession program of my choice.

My signature below indicates that I have attended the pre-admission meeting for the program checked above and that I have had the opportunity to ask questions regarding the program's policies.

_____ Print Name

_____ Signature

_____ Date

_____ Date of Birth

_____ A# (if known)