



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Clinical Research Professional Certificate 1.5 semester Program Advisement Form

The program advisement form is required for admissions to the Clinical Research Professional Certificate. Students applying to the Clinical Research Professional Certificate must meet one of the following criteria: 1) current certification or licensure in a health care field or 2) a diploma/degree in science or a health care field.

Please complete Applicant Information below:

First Name	Middle Name	Last Name	Student Number:
Address	City	State	Zip code
GTC Email Address		Alternate Email Address	
			Phone:

Please select the Start Term for which you are applying:

<input type="checkbox"/>	Fall Semester: Application Deadline: June 1 Lawrenceville Campus – Web Enhanced
<input type="checkbox"/>	Spring Semester: Application Deadline: October 10 Online Program

Please read and initial each of the following statements:

- _____ I have verified my admissions file is complete and I have been accepted to Gwinnett Technical College.
- _____ I understand I must be in good academic standing at the time the program starts.
- _____ I understand I must be 18 years of age at the time program starts.
- _____ I understand criminal background checks and drug screens are required based on the requirements for participation in clinical experiences.
- _____ I understand I must provide proof of current certification or licensure in a health care field or a diploma/degree in science or a health care field.
- _____ **I understand that students will be sent a confirmation email within one week after deadline. Students are required to respond to the email to secure a spot in the program and register for classes.**
- _____ **I understand that it is my responsibility to return this completed form to the Health Team at Enrollment Support Center at healthteam@gwinnettech.edu or in person at the Lawrenceville or Alpharetta-North Fulton Campus by appointment only through the Qless app.**

Student Signature: _____ **Date:** _____

Enrollment Advisor Signature: _____ **Date:** _____

Student has complete and active admissions file	Student has submitted all previous transcripts
Student is in good academic standing	Student's Driver's License and/or P-Card have not expired