



ALLIED HEALTH LIMITED
ENROLLMENT PROGRAM

**Supplemental Application for Admission
CHEMICAL DEPENDENCY STUDIES**

This supplemental application must be submitted *in addition* to the “Wenatchee Valley College Application for Admission.”*

NAME _____

MAILING ADDRESS Street or Box Number City State Zip

PHONE Home Number Message Number

DATE OF BIRTH SID

CURRENT ENROLLMENT (college/high school)

No prerequisites are required for Chemical Dependency Studies.

Have you submitted a Wenatchee Valley College Application for Admission ? Yes No

Students considering Wenatchee Valley College Chemical Dependency Studies need to be aware that entrance to Chemical Dependency Studies, completion of Chemical Dependency Studies and national licensing and employment may be affected if the graduate has been involved with substance abuse and/or child abuse, or has been convicted of a gross misdemeanor or felony. Your signature on the bottom of this application gives the Allied Health Department permission to request background information from the Washington State Patrol.

I certify that, to the best of my knowledge, all statements on this form are true.

Signature

Date

**Please submit this application to: Bev Warman
Program Director
Chemical Dependency Studies
Wenatchee Valley College
1300 Fifth Street
Wenatchee, WA 98801**

**Continuing WVC students do not need to submit another College Admission Form.*