

### **ES** Admissions Bundle

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# **Application for Admission**

		or are you a graduate of Carri ge, or Western Career Colleg		ngton 🔲 Y	es 🗌 No		
Campi	us Location						
Title	Last Name	First Name	Middle Name Suffix Former Name/Maiden Name			me	
Address (Include Apartment #)			City		State	ZIP	
Home Number		Work Number		Extension			
Cell Number		Alternative Number					
Email			Other Email				
SSN*			Drivers License Number		Drivers License State		
		he U.S. military (active guard or reserve)?		branch:			
Gende	Male Female	Date of Birth*	Citizenship* US Citize	ent Resident	Alien Registration Numbe	r	
Are yo	u currently incarcerated? Yes	□No			1		
I Am Applying For (Program)		Start Date			lday		
High School Graduate Yes No		GED Yes No					
Date Completed/Graduated		Name of High School or GED Testing Center					
Address		City		State	ZIP		
Please	list all Colleges/Institutions you h	nave attended. Military and individua	s eligible for veterans ber	nefits must list all	previous institutions atte	ended.	
Name	e of Institution City/State		Dates Attended		Credit/Degree Earned		

### PERSONALLY IDENTIFIABLE INFORMATION\*

Carrington College is required to collect the social security number (SSN), gender, ethnicity, citizenship status, and drivers license number for a variety of legally mandated activities, including income tax reporting and administration of federally supported financial aid programs. Gender, ethnicity, citizenship and date of birth are not used in determining admission. The SSN is not used as the student's primary identification; however, students who do not provide this information at the point of application may experience a delay in financial aid processing.

Carrington College has adopted privacy policies and practices designed to protect student educational records and information. All information provided to Carrington College is subject to our Privacy Policy, which can be viewed at https://carrington.edu/privacy-policy. Only information required to efficiently conduct our business and meet state and federal reporting requirements is collected. The information collected is only disclosed as permitted under the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. Carrington's FERPA policy is printed in the academic catalog.

### NONDISCRIMINATION POLICY

Carrington is an educational institution that admits academically qualified students without regard to gender, age, race, religion, national origin, sexual orientation, political affiliation or belief, or disability and affords students all rights, privileges, programs, employment services and opportunities generally available. Carrington complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and does not discriminate on the basis of disability. Additional information about this policy or about assistance to accommodate individual needs is available from Sr. Director of Student Affairs, Carrington College, 8909 Folsom Blvd, Sacramento, CA 95826. (916) 388-2920.

### **HEALTH REQUIREMENTS**

I understand that I must provide proof that required health tests have been completed before I can be released to my externship or clinical site. The tests may consist of TB, Chest X-ray, MMR or Hepatitis. All costs associated with these tests and providing this information to Carrington College are my responsibility.

#### **ACADEMIC CATALOG**

Student Signature

Parent or Guardian Signature (If Student Is Under 18 Years of Age)

Enrollment Services Representative Signature

The academic catalog can be found at www.carrington.edu/carrington-college/catalog. Upon request, a printed version will be provided.

ACKNOWLEDGEMENT OF CATALOG AND TOUR
<ul> <li>(Initial) I acknowledge and understand how to access the Carrington College academic catalog.</li> <li>(Initial) I acknowledge that I have received a tour of the College's facilities and inspected equipment pertaining to my course of instruction on this date of</li> </ul>
HIGH SCHOOL/GED ATTESTATION
I attest that I have successfully completed high school or have obtained my GED and must submit official proof within 6 week of the start of my program.
RACE/ETHNICITY (U.S. RESIDENTS ONLY)
The federal government requires colleges and universities to collect and report the racial/ethnic backgrounds of students and employees. Requests for such information also come from state governments, accrediting agencies, college guides, newspapers and other sources. In order to respond to these requests, we ask that you please answer the following two questions:
Do you consider yourself to be Hispanic/Latino*? ☐ Yes ☐ No
In addition, select one or more of the following racial categories to describe yourself*:  American Indian or Alaska Native Asian Black or African American  Native Hawaiian or Other Pacific Islander White
I certify that the information I have provided in this application is true, accurate and complete and I have received a complete copy. Completing and submitting this form provides consent without obligation for Carrington College to call, text, and/ or email you about your education by our automated means or prerecorded messages at the number(s) and/or email address you provide.

Date

Date

Date



## To Campus Enrollment Review Board:

I understand that Carrington College accepts students who may benefit from a Carrington education and have the potential to succeed. The reasons I believe I should be considered for admission are:			
Student Signature	Date		



# Immunization Status, Drug Use, And/Or Background Check Acknowledgement

We are committed to your success and want to make you aware of important facts that could impact your future.

#### ALL PROGRAMS - NOTIFICATION TO ALL PROSPECTIVE STUDENTS

If you have past, pending, or future criminal convictions, including felonies, misdemeanors or DUI convictions, you may be prohibited from obtaining certification, licensure, or employment in your field of study.

Enrollment into an externship or clinical experience often requires successful completion of a background check. Falsifying information or a negative background check may prevent you from being accepted into an externship or clinical experience. Should this occur, the College may withdraw you from the program. Any refund of tuition and fees will be calculated according to the Refund Policy outlined in the catalog at http://www.carrington.edu/carrington-college/catalog.

#### PHARMACY TECHNOLOGY PROGRAM - NOTIFICATION TO ALL CALIFORNIA AND NON-CALIFORNIA PROSPECTIVE STUDENTS

Employment as a Pharmacy Technician requires licensure through the state in which the candidate wishes to work. Illicit drug use, positive criminal background checks, and questionable or problematic immunization status may prevent future licensure and employment as a pharmacy technician. Additionally, externship sites, employers, and State Boards of Pharmacy may also have regulations and/or policies related to immunization status, drug use and background checks.

Enrollment into an externship or clinical experience often requires successful completion of a background check. Falsifying information or a negative background check may prevent you from being accepted into an externship or clinical experience. Should this occur, the College may withdraw you from the program. Any refund of tuition and fees will be calculated according to the Refund Policy outlined in the catalog at http://www.carrington.edu/carrington-college/catalog.

Therefore, Carrington College strongly recommends that students interested in enrolling in the Pharmacy Technology program(s) visit their state board web site to review requirements for licensure and determine whether any barriers exist prior to beginning a course of study.

### PHARMACY TECHNOLOGY PROGRAM - NOTIFICATION TO CALIFORNIA PROSPECTIVE STUDENTS

The California State Board of Pharmacy has provided a list of criminal convictions that may result in the denial of a Pharmacy Technician application. This list is not all-inclusive, but it does provide some of the most frequent violations the board reviews. Providing this information to prospective students <u>prior</u> to enrollment may help an individual make an educated decision as to whether or not they may have difficulty obtaining a license, and thus a career, as a Pharmacy Technician. License denials are frequently based on convictions for:

- Driving Under the Influence (drugs or alcohol)
- Possession of illegal drugs, or prescription drugs without a prescription
- Possession or sale of illegal drugs or prescriptions drugs
- Theft (identify, fraud, etc.)
- Multiple arrests

There is nothing in pharmacy law that requires the board to deny a license based on a specific conviction. That is, nothing is automatic. The board reviews each incident on a case-by-case basis. Likewise, a determination regarding an applicant's approval for licensure cannot be made prior to the submission of an application. The board believes that providing prospective students with this information will help them decide whether or not they are likely to obtain a Pharmacy Technician license <u>prior</u> to enrollment in a Pharmacy Technician training program.

Once the board determines that there may be a reason to deny a license, the board will consider evidence of rehabilitation (mitigation) using the following criteria (Title 16, California Code of Regulations section 1769):

• Whether the applicant has complied with all terms

- The nature and severity of the crime
- · Total criminal record
- The time that has elapsed since the commission of the act(s) or offense(s)
- · Additional evidence, if any, submitted by the applicant
- and conditions of parole, probation, restitution, or any
- other requirements or sanctions lawfully imposed
- against the applicant

The board reviews all available evidence (arrest report, court documents, applicant's explanation, etc.) and makes a determination based on the Board's primary mandate – protection of the public. An applicant that provides arrest documents, court documents and a written explanation with his or her application will speed the review process. If those items are not included with an application, the board will generally send a letter to the applicant requesting the missing documents, which increases the review time.

Student Name (Please Print)	
Student Signature	Date



# Official Transcript Request

Please Note: It is the student's responsibility to request official High School/GED transcripts to meet admission requirements. College/University official transcript(s) must be received by the College for transfer credit evaluation. Official transcripts for evaluation purposes must be received by Carrington College prior to the student's start date. Any fees related to obtaining transcripts are the sole responsibility of the student.

Print Name of School						
Address (Street, City, State, ZIP)	lf Known					
I am requesting a copy	of the following official tra	inscripts 🗆 F	ligh School	GED □ College/U	Iniversity	
Name (First, Last, Middle Initial)						
Name While Attending Your Institution (If Different Than Above)			Social Security Number/Student ID Number			
Address (Street, Apt. #)						
City			State		ZIP	
Phone Number (Include Area Co	de)				<u> </u>	
Date of Birth						
Approximate Dates I Attended		Graduation Year (If Applicable)				
Program(s) of Study/Major			1			
Student Signature (Required)			Date			
PLEASE ATTACH THIS FOR	RM WITH OFFICIAL TRANSCR	IPTS Mailed to:	Carrington Colle	ege – Attn: Transcript Red	quests	
FOR PHYSICAL TRANSCRI	PTS, PLEASE SEND TO THE C	AMPUS CHECK	ED BELOW:			
ALBUQUERQUE CAMPUS 1001 Menaul Blvd. NE Albuquerque, NM 87107 505-254-7777	BOISE CAMPUS 1122 N. Liberty St. Boise, ID 83704 208-209-7424	7301 Gree Suite A	ghts, CA 95621	LAS VEGAS CAMPUS 5740 S. Eastern Ave. Suite 140 Las Vegas, NV 89119 702-688-4300	PLEASANT HILL CAMPUS 380 Civic Dr. Suite 300 Pleasant Hill, CA 94523 925-609-6650	
MESQUITE CAMPUS 3733 W. Emporium Cir. Mesquite, TX 75150 972-682-2800	ONTARIO CAMPUS 4580 Ontario Mills Pkwy. Suite 200 Ontario, CA 91764 909-868-5804	PHOENIX 2149 W. Du Suite 103 Phoenix, A 602-297-6	unlap Ave. AZ 85021	SAN JOSE CAMPUS 5883 Rue Ferrari Suite 125 San Jose, CA 95138 408-960-0161	SAN LEANDRO CAMPUS 15555 E. 14th St. Suite 500 San Leandro, CA 94578 510-276-3888	
PORTLAND CAMPUS 2004 Lloyd Center 3rd Floor Portland, OR 97232 503-616-9132	RENO CAMPUS 5580 Kietzke Ln. Reno, NV 89511 775-335-2900	8909 Folse	to, CA 95826	MESA CAMPUS 1001 W. Southern Ave. Suite 130 Mesa, AZ 85210 480-212-1600		
SPOKANE CAMPUS 10102 E. Knox Ave. Suite 200 Spokane, WA 99206 509-532-8888	STOCKTON CAMPUS 1313 W. Robinhood Dr. Suite B Stockton, CA 95207 209-956-1240	TUCSON 0 201 N. Bon Suite 101 Tucson AZ 520-888-5	nita Ave. 7, 85745			



# Federal Disclosure on Drug Convictions and Title IV Aid

Drug convictions can have a significant impact on students who are using financial aid. Students convicted of drug-related offenses committed while receiving Title IV federal financial aid may lose eligibility for federal financial aid for one or more years from the date of conviction. Federal aid includes: Federal Grants, Federal Work Study, Federal Student Loans, and Federal PLUS Loans.

### TITLE IV ELIGIBILITY PENALTIES FOR DRUG CONVICTIONS

Possession of Illegal Drugs:

- First Offense: Ineligible for 1 year from the date of conviction
- Second Offense: Ineligible for 2 years from the date of conviction
- Third and Subsequent Offenses: Indefinite ineligibility from the date of conviction

Sale of Illegal Drugs:

- First Offense: Ineligible for 2 years from the date of conviction
- Second and Subsequent Offenses: Indefinite ineligibility from the date of conviction

### REGAINING ELIGIBILITY FOR FEDERAL FINANCIAL AID AFTER A DRUG CONVICTION

Students can regain eligibility for federal aid no matter how many or what type of drug convictions they have. To do so, students must successfully complete an acceptable drug rehabilitation program that meets the standards set by Congress and the Department of Education. They will regain eligibility on the date the program was completed.

### WHAT IS AN ACCEPTABLE DRUG REHABILITATION PROGRAM?

An acceptable drug rehabilitation program must require passing two unannounced drug tests and must:

- 1. Be qualified to receive funds from a federal, state or local government agency or program, or from a state or federally licensed insurance company, or
- 2. Be administered or recognized by a federal, state or local government agency or court, or by a state or federally licensed hospital, health clinic, or medical doctor.

### FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)

Question 23 on the FAFSA asks if the student has ever been convicted of a drug related offense. Answering this question falsely, if discovered, could result in fines up to \$20,000, imprisonment, or both.

### **CONVICTIONS DURING ENROLLMENT**

Per the United States Department of Education regulations, a student, if convicted of a drug offense after receiving federal aid, he or she must notify Carrington College Student Finance immediately. The student will be ineligible for further aid and required to pay back all aid received after the date of the conviction.



### **Enrollment Review Checklist**

### FOR INTERNAL USE ONLY

Applicant Name	Program			
Enrollment Services Representative				
Start Date	Schedule			
ITEM	DATE/COMMENTS			
Application for Admission				
☐ Letter to the Campus Enrollment Review Board				
☐ Background Check Acknowledgement Form				
Federal Disclosure on Drug Convictions and Title IV				
Copies/Materials Given to Applicant (EA, Program Collateral, FA Guide, Brochures/Flyers, New Student Checklist, etc.)				
☐ Entrance Assessment Complete (Indicate Passing Score)				
☐ Tuition Planning Overview (Scheduled or Completed)				
☐ Tuition Planning Meeting (Scheduled or Completed)				
Official Proof of Graduation/GED (Received or Requested)				
Performance Fact Sheet (If Applicable)				
☐ Veteran's Bill of Rights (If Applicable)				
Program/Campus Specific Paperwork/Requirements (List, If Applicable)				
Enrollment Services Representative Signature		Date		
PTD Students Only: Program Director Approval		Date		
Enrollment Has Been Reviewed and:   Approved  Rejected  In Person  By Te	elephone	1		
By (Enrollment Review Board or Designee)		Date		



### Friends Helping Friends

At Carrington College, we are passionate about empowering our students to achieve their educational and career goals. Now that you have experienced what Carrington College has to offer, let us know who we can help! Name **Enrollment Services Representative** If you have friends or acquaintances who may be interested in attending Carrington College, please provide their contact information below. 1. Name Phone Address 2. Name Phone 3. Name Phone Address Phone 4. Name Address 5. Name Phone

Address