Electrocardiograph (ECG) Technician Admissions Checklist

Applicants to the Fletcher’s Electrocardiograph Technician Program must complete and submit the following information in order to apply. If at any point, the candidate does not comply with any part of this process, the candidate will not be eligible for the program and will have to re-apply for a future clinical class. It is recommended that you hand-deliver all information including official transcripts. Please make sure official transcripts are left in the sealed envelopes; they will not be accepted if they are opened. All applicants must submit all of the following:

1. Complete an admissions application to Fletcher Technical Community College (if not a current Fletcher student) online at www.fletcher.edu.

2. Be fully or unconditionally accepted to Fletcher Technical Community College by completing all Admissions requirements. Admissions will notify you of your status via email.

The Following must be submitted to the Department of Nursing: (even if documents have been submitted to other departments - with the exception of number 5 if on file admissions).

1. This checklist signed and dated

2. Complete and submit an “Application for Admissions to a Nursing & Allied Health Programs” located on the Fletcher website → Programs → Electrocardiograph Technician

3. Submit copy of current COMPASS/ ACT/ Accuplacer scores that meet minimum score requirements.
   - ACT: Reading – 18, English – 16, & Math – 15
   - COMPASS: Reading – 78, Writing – 61, & Algebra – 19
   - Accuplacer: Reading – 85, Writing – 77, & Math - 46
   - Test scores can be combined with official transcript(s) to meet required eligibility. Must be eligible for Engl 1010 and Math 0098

4. Proof of immunizations - 2 MMR shots (measles, mumps, and rubella), a current tetanus- diphtheria (TD) shot taken within the last 10 years.

5. Copy of High School Diploma or GED/HiSet transcripts requested and sent to Fletcher Nursing and Allied Health, Attn: Roye Matherne 1407 Hwy 311 Schriever, LA 70395. If on file with admissions, please indicate by initialing here ____________.

6. State Background Check – Louisiana State Police only. Background checks must be official in unopened envelope.

Revised 06/30/16
An Individual may obtain a true copy of their criminal history by requesting a “Right to Review” in one of two ways:

**In Person at this office (7919 Independence Blvd, Baton Rouge, LA):**

You will need to bring a $26 money order, cashier’s check or business check for processing and a $10 money order, cashier’s check or business check for fingerprinting, both made out to the Dept of Public Safety (cash or personal checks will not be accepted). You will need to have a valid state issued ID or Drivers License. This service is available Monday thru Friday (excluding holidays) from 8:00 am to 3:30 pm. If you arrive before 3:00 pm you may wait and take your certified copy of the response with you but if you arrive after 3:00 pm your response will be mailed to you or you may return the next business day and pick it up.

**By mail:**

You must mail a set of fingerprints, an authorization form, a rap disclosure form (these forms must include the individuals complete name and address and they are available online at lsp.org) and a $26 money order, cashier’s check or business check (cash or personal checks will not be accepted) payable to the Dept of Public Safety to:

Bureau of Criminal Identification
P.O. Box 66614 Mail Slip A-6
Baton Rouge, LA 70896

*Please Note: The mail process may take up to three months to process.*

*Program acceptance is limited based on clinical facility availability*

Please sign and send this check sheet with your application and supporting documents to:

**Mailing Address**
Fletcher Technical Community College- Department of Nursing
1407 Highway 311
Schriever, LA 70395

Or

**Physical Address**
Fletcher Technical Community College- Department of Nursing
310 St. Charles St.
Houma, LA 70360

By signing and submitting this document, I understand that if the Department of Nursing and Allied Health does not receive all required documentation, my application will be considered incomplete and will not be processed. I understand that it is my responsibility to make sure that all information that is submitted to Fletcher is received on time and is complete.

Applicant’s Signature: __________________________________________ Date: __________________

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