



**Fast Track Admission Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Requested Enrollment Semester and Year at Cabarrus College: \_\_\_\_\_

***Please choose ONE option:***

**CLINICAL RESEARCH CERTIFICATE:** \_\_\_\_\_

**MEDICAL ASSISTANT:**

Night & Weekend Program \_\_\_\_\_

Traditional Weekday Program \_\_\_\_\_

**MEDICAL IMAGING:**

**Certificate Option:** CT \_\_\_\_\_

MRI \_\_\_\_\_

**Bachelor of Science:** Management \_\_\_\_\_

Clinical Option/CT \_\_\_\_\_

Clinical Option/MRI \_\_\_\_\_

**RN TO BSN** \_\_\_\_\_

**SURGICAL TECHNOLOGY – ACCELERATED ALTERNATIVE DELIVERY (AAD)** \_\_\_\_\_

**CURRENT STUDENTS:** Anticipated Graduation Date: \_\_\_\_\_

**CURRENT STUDENTS:** Institution: \_\_\_\_\_

*I request that all official transcripts on file at \_\_\_\_\_ (institution) be submitted to Cabarrus College of Health Sciences, Attn: Director, Recruitment & Retention.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHS EMPLOYEES:** Department: \_\_\_\_\_ DOB: \_\_\_\_\_

*I acknowledge that Cabarrus College of Health Sciences will verify my status as a Carolinas HealthCare System Employee with CHS Human Relations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Cabarrus College Office Use Only***

Date Received: \_\_\_\_\_ GPA: \_\_\_\_\_

Test Score(s) (SAT, ACT): \_\_\_\_\_ Academic Standing: \_\_\_\_\_

**APPROVALS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Director, Recruitment and Retention*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Program Chair*



## Fast Track Admission

### Instructions

Carolinas HealthCare System (CHS) employees and graduates of CHS schools (Cabarrus College of Health Sciences and Carolinas College of Health Sciences) are eligible for fast track admission.

### To Apply:

- Submit the completed Fast Track Admission Form and any other required documents to:  
**Cabarrus College of Health Sciences**  
**Director, Recruitment and Retention**  
Mailing Address: 401 Medical Park Drive, Concord, NC 28025  
Email: admissions@cabarruscollege.edu  
Fax: 704-403-2077
- If you are a **current student**, you may apply any time after midterm of your final semester **and** within one year of graduation. You will not need to submit transcripts. **Please complete and sign the transcript request statement located on the Fast Track Admission Form.**
- If you are a **CHS Employee** you may apply at any time. Please refer to the current Cabarrus College catalog for priority deadlines and semester start dates. **You will need to submit official transcripts from all post-secondary institutions attended.**
- If you are a **CHS Employee** applying to **Clinical Research Certificate:**
  - You will need to submit a valid registered nurse license from the state where clinical experiences will be performed, **AND**
  - Official transcript showing completion of a BSN or BS degree, **AND**
  - Letter from employer showing of one-year of nursing experience, **AND**
  - Evidence of completion of a Statistics course
- If you are a **CHS Employee** applying to **Medical Assistant:**
  - You will need to submit official transcripts from high school and all post-secondary institutions attended, including evidence of completion of High School or College level Algebra I, Algebra II or Geometry, and Biology, **AND**
  - Either SAT (at least 430 Reading, 380 Math) or ACT (at least a score of 18) test scores **AND**
  - A Professional Reference Form completed by a current supervisor
- If you are applying to **Medical Imaging:** You must include evidence of completion of an Associate Degree or equivalent in a primary imaging science discipline with a minimum GPA of 2.5 **AND** a copy of your ARRT license.
- If you are applying to **RN to BSN:** You must include evidence of completion of an Associate Degree in Nursing program with a minimum GPA of 2.5 **AND** a copy of your unencumbered RN license.
- If you are applying to **Surgical Technology – AAD:** You must include a letter of recommendation from a current immediate supervisor **AND** two letters of recommendation from surgeons **AND** a completed Clinical Experience Verification Form (verifies at least 125 procedures in a variety of specialties).

**NEXT STEPS:**

After your completed Fast Track Admission Form, transcripts, test scores (if applicable), and professional reference (if applicable) are received, you will receive a decision letter from the Director of Recruitment and Retention. The letter will include information about the admissions decision and what to do next.

Questions? Call at 704-403-3207 or email [admissions@cabarruscollege.edu](mailto:admissions@cabarruscollege.edu).