

**Phoenix College**  
**2025 Histology Program Application**  
**Associate in Applied Science/Certificate of Completion in Histologic Technology**

Submission Due Date: 4 pm December 13, 2024

We appreciate your interest in the Histology Program at Phoenix College.

Follow this checklist carefully to ensure that your application and documentation are complete and in order for the selection committee.

It is the applicant's responsibility to verify that the application is complete.

**REQUIREMENTS FOR ADMISSION**

1. Histologic Technology Admission Information: Please thoroughly read ALL of the information within the program website prior to completing the application to ensure you meet all application requirements.
2. Advisement: The first step for applicants seeking admission to the Histologic Technology Program is to meet with a Phoenix College Academic Advisor.
3. Transcripts: Request that ALL official colleges/universities transcripts be sent to the Admissions Office at Phoenix College. Please request that the institution include a current name and student identification number. It is the students' responsibility to confirm the receipt and evaluation of all transcripts with the Academic Advisor. Please note each college processing times can vary. All transcripts must be sent to the Admissions Office at Phoenix College. Unofficial college transcript showing completion of prerequisite course work or signed waiver for prerequisites by program director must be included in the program application
4. Fingerprint Requirement: A valid level one Fingerprint Clearance Card is required as part of the application. You can apply for a level one Fingerprint Clearance Card through the Arizona Department of Public Safety by going to the following









## Level 1 Fingerprint Clearance Card Proof

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You must upload **PROOF** of your Level 1 Fingerprint Clearance Card from the Arizona Department of Public Safety (Front and Back).

**Applications submitted without fingerprint clearance card will be rejected.**

Level 1 Fingerprint Clearance Card	Issued by the Arizona Department of Public Safety. Provide a photocopy/scan of the front and back of the card. The card must be valid throughout the duration of the program.	FileUpload1
Additional Documentation	If there is any additional documentation that you would like to upload, please do so here:	

## 2025 Histology Program Schedule

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In order to successfully complete the Histology (HT) program, you must indicate that you understand the program course and clinical schedule you will be required to participate in.

Clinical externship hours must be completed during the dates/times listed, evening/weekend hours are not available. However, the actual start times may vary and are determined by the individual clinical site.

**\*\*If your availability for clinical externship does not fall into the below dates and times, you will not be able to be placed in a clinical externship, and will be removed from the Histology (HT) Program. \*\***

\*  **I understand the above statement.**

### COURSES AND DATES

#### Spring 2025:

HST 180 – Overview of Histology (Anatomic) Laboratory (2 credits)

Class Dates: January 11, 2025 – February 1, 2025, In-person: 1/11, 1/18, 1/25, 2/1

HST 181 – Chemistry of Fixation (3 credits)

Class Dates: February 8, 2025 – March 8, 2025, In-person: 2/8, 2/15, 2/22, 3/1, 3/8

HST 182 - Microtomy (5 credits)

Class Dates: March 22, 2025 – May 10, 2025, In-person: 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10

#### Summer 2025:

HST 183 – Practicum: Chemistry of Fixation (1 credit) Clinical Externship

Dates: May 12, 2025 – June 20, 2025 (M-F) 20 hours per week (6 weeks)

HST 184 – Practicum: Microtomy (1 credit) Clinical Externship

Dates: May 12, 2025 – June 20, 2025 (M-F) 20 hours per week (6 weeks)

HST 185 – Cellular Biological Staining (5 credits)

Class Dates: July 5, 2025 – August 16, 2025, In-person: 7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16

#### Fall 2025:

HST 186 – Cellular and Immunohistochemical Staining (5 credits)

Class Dates: August 23, 2025 – October 4, 2025, In-person: 8/23, 8/30, 9/6, 9/13, 9/20, 9/27, 10/4

HST 187 – Practicum: Cellular Biological Staining (1 credit) Clinical Externship

Dates: October 6, 2025 – November 14, 2025 (M-F), 20 hours per week (6 weeks)

HST 188 – Practicum: Cellular and Immunohistochemical Staining (1 credit) Clinical Externship

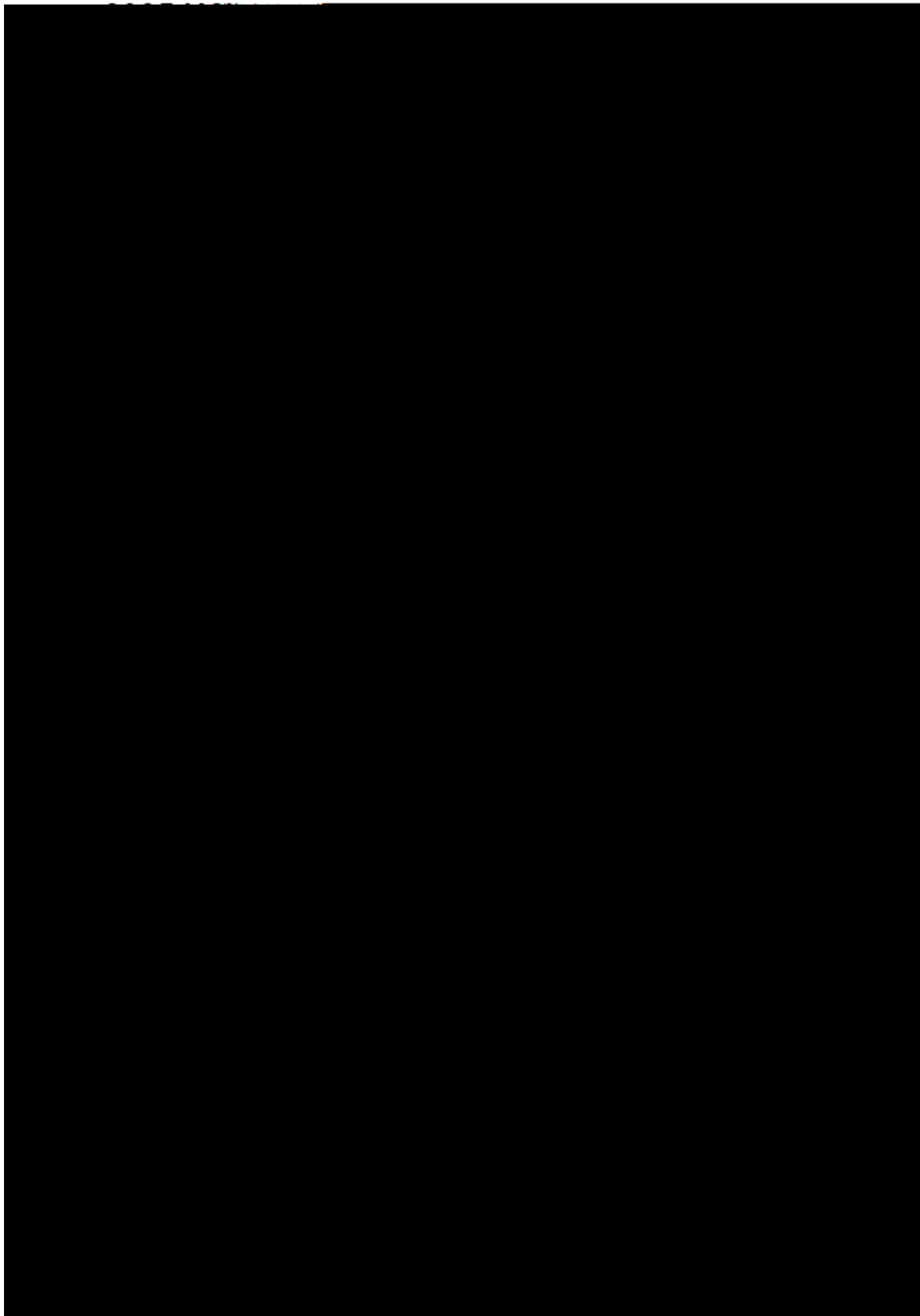
Dates: October 6, 2025 – November 14, 2025 (M-F), 20 hours per week (6 weeks)

Classes are hybrid courses, with the majority of the coursework online, and in-person sessions scheduled on Saturdays from 9:00am - 4:00pm

Clinical rotations (practicums) are 20 hours per week scheduled during day shift hours, Monday through Friday

\*  **I understand the dates of the program that include in-person requirements on Saturdays**

\*  I understand the dates and format of the program are subject to change, depending on current federal, state, and local public health requirements.





## **Essential Functions**

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### **Histology Program Essential Functions**

## **Additional Information and Requirements for Acceptance into the Histology Program**

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You are responsible for understanding the following information about admission to the Histology Program at Phoenix College, as well as understanding the following information about participating in the Histology Program at Phoenix College, if you are accepted into the Program.

### **I certify that:**

It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information and requirements WILL adversely affect my admission into the program.

I understand that I will be required to submit to an additional background check after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the additional background check, WILL result in removal from the program.

I understand that I will be required to submit to, and pass, a drug test after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the drug test, WILL result in removal from the program.

I understand and agree to fully participate in classroom, laboratory, and clinical settings and program activities.

I understand that I will be required to submit all of my health and safety documentation to an Immunization Compliance Tracker after

## Additional cost and Registration

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### **If you are Accepted Conditionally into the Histology Program:**

There are standards in effect for all Allied Health and Nursing Student in the Maricopa County Community College District (MCCCD). In order for MCCCD students to be able to complete clinical experiences at local hospitals, students must meet these standards. Failure to complete all of the additional requirements by the deadline(s) WILL result in removal from the program.

#### **1. MCCCD Supplemental Background Check and Immunization Compliance Tracker via Complio American DataBank (cost \$175)**

##### **Background Check**

In addition to the level 1 fingerprint clearance card, each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCD-supplemental background check. Students are required to pay the cost of obtaining this supplemental background check as part of Complio. Information regarding the background check will be provided to you.

**The supplemental background check is due January 31, 2025.** Failure to submit to, and pass, the supplemental background check by the deadline WILL result in removal from the program. Additional information will be provided to students.

##### **Immunization Compliance Tracker**

Each student will be required to keep track of their health and safety documentation electronically through an Immunization Compliance Tracker via Complio. Students are required to pay the cost of the tracker as part of Complio. Information regarding the compliance tracker will be provided to you.

**The immunization compliance tracker is due January 31, 2025.** Failure to complete the Immunization Compliance Tracker WILL result in removal from the program.

#### **2. Clinical Orientation and Regulatory Modules via myClinicalExchange (cost \$42)**

Each student will be required to complete online clinical orientation and regulatory modules to prepare for clinical externship via myClinicalExchange. Information regarding the clinical orientation modules will be provided upon acceptance into the program.

**Students are required to pay the cost of online clinical externship orientation and complete the online clinical orientation, which will have a due date of January 31, 2025.** Failure to complete the online clinical orientation WILL prevent you from attending clinical externship.

#### **3. MCCCD Drug Screen (cost \$37)**

Each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCD drug screen through Complio. Students are required to pay the cost of obtaining this drug screen. Information regarding the drug screen will be handed out upon acceptance into the program and will be due January 31, 2025.

Placement in a clinical externship will not occur until students submit and pass the MCCCD required drug screen. Failure to submit to, and pass, the drug screen WILL result in removal from the program.

This is for your information only – no action is necessary unless or UNTIL you have been conditionally accepted into the program.

## **ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS**

### **Maricopa County Community College District**

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In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC

Exceptions:

Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCDC background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

## **Final Acknowledgement and Signature**

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**This is the last part of the program application.**

**Your next step will be to electronically sign the application, which automatically submits the application.**

**Do not submit until you are ready, and your application is complete.**

**You can not edit the application once you submit your application.**

**You can only submit your application once.**

**Thank you for applying for the Phoenix College 2025 Histology Program.**

Signature \_\_\_\_\_

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