

## Health Unit Coordinator (30-510-2) Petition Form

I AM PETITIONING TO START:    FALL SEMESTER         SPRING SEMESTER        20\_\_\_\_\_

Please Print

Last Name	First Name	Middle Initial	MATC Student ID #
Address	City/State/Zip		Telephone

Student is responsible for updating any changes to the above information on INFONLINE.

Read the following and circle "Yes" or "No" for each line. By circling "Yes" you verify that you have met the criteria. If you have questions about being ready to petition, see the program counselor.

1.	Yes	No	I have applied and achieved admission to the college through the MATC Admissions Office and have an active program code for the Health Unit Coordinator Program.
2.	Yes	No	I am in Good Academic Standing.
3.	Yes	No	If I have taken college courses, my cumulative GPA is 2.0 or higher.
4.	Yes	No	I have completed or in progress of taking Health 101, Health 104 and Health 107 with a grade of "C" or better.
5.	Yes	No	I have uploaded the following forms to CertifiedBackground.com: (attach verification form). <ul style="list-style-type: none"> <li>Essential Functions Form</li> <li>Health Certification Forms</li> <li>Hepatitis Release Form</li> </ul>
6.	Yes	No	I have submitted the Criminal Background Check (CBC) Form to the MATC Paralegal, Room M240 (attach verification form). <ul style="list-style-type: none"> <li>MATC CBC Cover Page</li> <li>State BID (disclosure form)</li> <li>MATC Release and Conditions Form</li> </ul> <p><b><i>I understand that completion of the CBC form does not guarantee clinical placement.</i></b></p>
7.	Yes	No	I have attached a copy of my MATC Program Plan accessed through INFONLINE (if applicable).
8.	Yes	No	I have submitted official transcripts from other colleges and the courses have been transferred (transferred courses will appear in my MATC Program Plan).

I have read and understand the requirements, petition and notification instructions. I have read and understand all the conditions of my petition to enter my program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Health Unit Coordinator (30-510-2) Petition Instruction Sheet

### REQUIREMENTS

To be eligible to petition for entry into the Health Unit Coordinator technical courses the following requirements must be completed:

- Officially admitted into MATC with an active program code for the Health Unit Coordinator program.
- Be in Good Academic Standing. (Refer to the MATC Standards of Academic Success).
- Verification of completion or in progress in the following courses: Health 101, Health 104 and Health 107 with a grade of “C” or better.
- Verification that official transcripts have been received by the MATC Admissions Office, courses have been transferred and are reflected on my Program Plan (You must attach a copy of your Program Plan with your petition). The Program Plan may be accessed and printed through *INFONLINE*
- Verification of completion of the Essential Functions, Health Certification Form and Hepatitis Release Form. Upload these forms to CertifiedBackground.com and obtain a verification stamp from the MATC Health Records Specialist in M240. (Attach a copy of your verification form to your petition)
- Verification of completion of the Criminal Background Check (CBC). Submit the CBC form to the MATC paralegal in M240 to obtain verification. (Attach a copy of your verification form to your petition).  
**Please Note:** Completing the CBC does not guarantee clinical placement.
- I have taken college courses, a cumulative GPA of 2.0 or higher for college courses.

### PETITION INSTRUCTIONS

- You must submit all of the required documents as requested (regardless of how many times you have petitioned).
- Petitions must be turned in or mailed in a sealed envelope to Room H116, the School of Health Sciences Office (Milwaukee Campus) no later than the close of business by the petition deadline date. No exceptions.
- Mailed petition packets must be received by the deadline date. The mailing address for the School of Health Sciences is 700 West State Street, Milwaukee, Wisconsin 53233.
- Your petition will not be considered unless ALL REQUIREMENTS ARE MET, ALL DOCUMENTS ARE SUBMITTED AS REQUESTED AND YOU HAVE NO OUTSTANDING DEBTS TO MATC.

### NOTIFICATION

- Students will be notified of their status via letter within sixty (60) days of the close of the petition period.
- Accepted students will be notified of the date and time to attend a **mandatory** on-campus program orientation.
- Accepted students that do not attend the mandatory orientation, do not register by the registration deadline or drop the classes will **forfeit their seat**.
- Deferring to another year or semester is not an option.
- Non-accepted students and forfeited students are encouraged to petition again during the subsequent petition period.
- All decisions regarding acceptance or non-acceptance are final and cannot be appealed.

*MATC reserves the right to hold all decisions final.*

**SUMMARY OF MATERIALS  
TO BE ATTACHED TO YOUR PETITION:**

- Copy of my unofficial MATC Program Plan, accessed through INFONLINE
- Verification form of completion of the Essential Functions, Health Certification, and Hepatitis Release Form
- Verification form of completion of the Criminal Background Check

**Criminal Background Check**  
*Verification Form*

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

\$ \_\_\_\_\_ was received on \_\_\_\_\_, and the completed criminal background check forms were received by the Paralegal office on \_\_\_\_\_; thereby satisfying this requirement in the admission's process.  
(the required fee amount)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Print Student Program

I understand that the signature below neither guarantees clinical placement nor implies that the criminal background check has been approved or passed.

\_\_\_\_\_  
MATC Paralegal Staff Signature

\_\_\_\_\_  
Date

**Health Records**  
*Petition Verification Form*

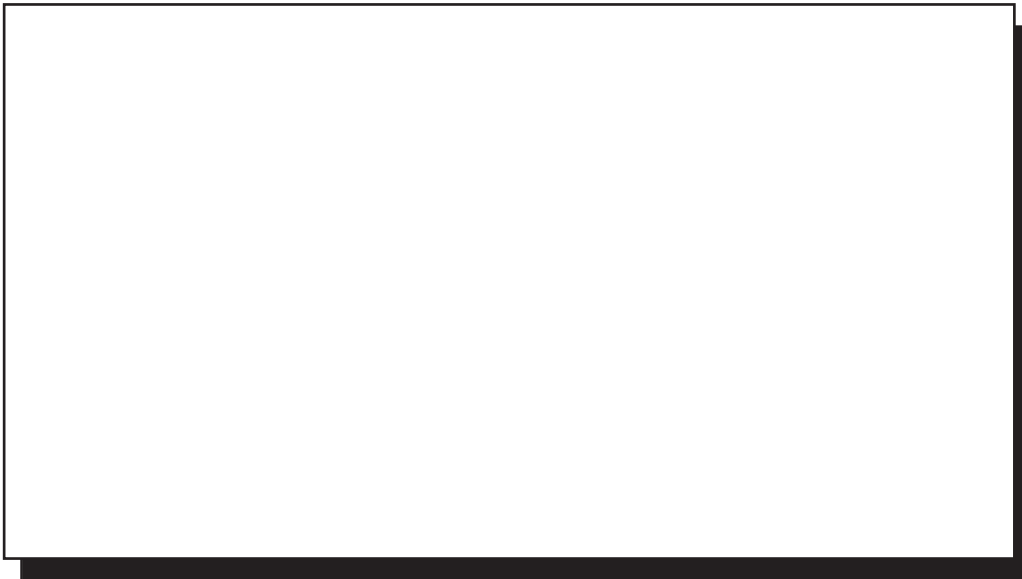
Student ID Number \_\_\_\_\_

Date \_\_\_\_\_

Print Student Name \_\_\_\_\_

Print Student Program \_\_\_\_\_

A signature below verifies that you have uploaded a complete set of health forms to CertifiedBackground.com. It does not guarantee clinical placement.



This verification form is only valid for the individual program listed and for petitions submitted during designated petition periods.