



### Acknowledgement

I have read and understand the conditions for admission to the DCS program at Parker University. I understand that failure to complete all steps of the application process will cause me to be ineligible for admission into the DCS program.

\_\_\_\_\_ (initials)

I understand I must first be accepted into the Parker University prior to applying to the DCS program. I understand positions in the DCS program are limited and acceptance into Parker University does not guarantee acceptance into the DCS program.

\_\_\_\_\_ (initials)

I understand that the DCS core schedule consists of:

11 didactic courses, followed by 6 months of clinicals

The first 4 didactic course are generally held on Mondays, Tuesdays and Wednesdays from 9am-1pm.

The next 8 didactic courses will be held on Monday-Friday with varying times from 9am-4pm. Clinical hours will consist of 40 hours a week. Students can be scheduled from Monday to Sunday. The days and times will be based on the clinical facility's needs.

\_\_\_\_\_ (initials)

I understand that the presence of an offense on my criminal background record may interfere or negate progression in the DCS program and that I may not be eligible for the DCS licensure.

\_\_\_\_\_ (initials)

The program for which I am applying may require extended travel for clinical education during the week or weekends. I understand that assigned clinical sites may be location out of the DFW areas.

\_\_\_\_\_ (initials)

I certify that the statements made by me on the application are true, complete, and correct. I also understand that I am responsible for submitting all requested transcripts and/or other documents for the completion of the application process.

\_\_\_\_\_  
Prospective Student Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admissions Counselor Signature

\_\_\_\_\_  
Date