

Quality HealthCare Training, LLC
ADMISSION APPLICATION

Date _____

Last Name: _____ First Name: _____ DOB: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

EDUCATION

HighSchool _____ City/State _____

Highest grade completed _____ Year _____ Check one: High School Diploma GED

PROGRAMS

Check Program(s): Nurse Aide Nurse Aide Skills Refresher Course
 Phlebotomy Technician Phlebotomy Technician Skills Refresher Course
 Medical Assistant Patient Care Technician

(Agency or Facility paying for training if applicable)

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Address: _____

Important Enrollment Information

- ✓ You must be 18 years old.
- ✓ You must be a U.S. citizen or have a permanent residence card.
- ✓ You must pass a criminal background check.
- ✓ You must have a negative Tuberculosis test or x-ray less than a year old.
- ✓ The class is delivered in an accelerated and focused academic learning environment. Depending on the program the lab/clinical sessions require strenuous physical activity. If you have any condition (including pregnancy, learning disability, preexisting/chronic injury/illness) that may impact your ability to safely and fully participate you must submit a physician's release with no restrictions allowing your full participation. All information is kept confidential. Failure to disclose this prior to acceptance will result in NON-REFUNDABLE DISMISSAL.

Quality HealthCare Training, LLC does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices.