

Quality HealthCare Training, LLC  
ADMISSION APPLICATION

Date:

Last Name:

First Name:

DOB:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

**EDUCATION**

High School:

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.

Return To: Quality HealthCare Training, LLC  
25900 Greenfield Road Suite 256  
Oak Park, Michigan 48237  
Monday - Friday 9 a.m. to 6 p.m.