



## Allied Healthcare Certificate Program Application

### Student Information

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Funding Source: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
WIOA \_\_\_\_\_ VA \_\_\_\_\_ Sallie Mae \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Education

Highest Level of Education attained:

High School Diploma/GED  Some College  Bachelor's Degree  Master's Degree or above

\_\_\_\_\_  
Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_

\_\_\_\_\_  
Address - Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Programs

Please select the Certificate Program you are interested in.

<input type="checkbox"/> Clinical Medical Assistant (Day)	<input type="checkbox"/> Clinical Medical Assistant (Evening)
<input type="checkbox"/> Medical Billing Specialist	<input type="checkbox"/> Medical Coding Specialist
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Phlebotomy Technician
<input type="checkbox"/> RN ReEntry	

### Submission Checklist

All items must accompany this application at least 10 business days prior to class start date.

- Application Form and Resume
- Copy of Criminal Background Check (may be obtained at local Police Dept.)
- 1 (One) Letters of Reference (Professional, Community, and/or Educational)
- Test scores ( if applicable)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Accepted \_\_\_\_\_

Declined \_\_\_\_\_

\_\_\_\_\_  
Program Manager Signature

\_\_\_\_\_  
Date