

*Next Step Healthcare Training Center, LLC.*

237 Pinewood Drive

Tallahassee Fl, 32303

1-(888)-447-6012

**Admission Application**

**NON-REFUNDABLE**

Program of Study: **Certified Nursing Assistant** **EKG Training** **Medical Billing & Coding**

**Phlebotomy Tech** **Medical Assistant** **Pharmacy Tech**

Application Date \_\_\_/\_\_\_/\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_ Days \_\_\_ Evenings \_\_\_ **Personal**

**Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

SSN \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Are you a U.S. Citizen?

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Emergency Information**

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Work/Other # \_\_\_\_\_

**Education**

High School Attended \_\_\_\_\_

Dates Attended \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Graduated Y N

GED: Date Completed \_\_\_/\_\_\_/\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Dates Attended \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Dates Attended \_\_\_/\_\_\_/\_\_\_ to

\_\_\_/\_\_\_/\_\_\_ **Physical History**

List any physical defects you have in hearing, vision, or speech \_\_\_\_\_

Goals for attending NSHTC, LLC: \_\_\_\_\_

Referred by: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**NO REFUNDS**