



Harborview School of Phlebotomy, LLC  
141 captain Thomas Blvd.  
West Haven, CT 06516  
(475) 238-6678 Fax (475) 238-7950

**Certified Nursing Assistant Program Registration Form**

**\*\*Any application sections left blank WILL DELAY program enrollment\*\***

**REQUIRED Information: Please print in ink**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name Previously Used \_\_\_\_\_ Check one: Male Female

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

Language Spoken \_\_\_\_\_ Secondary Language \_\_\_\_\_ yes \_\_\_\_\_no

Do you have a learning disability? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type? \_\_\_\_\_

Hearing Impaired? Yes No Any Services Needed \_\_\_\_\_

Visually Impaired? Yes No Any Services Needed \_\_\_\_\_

How did you hear about our program? Friend/Relative Past Graduate website/online

Ad/Newspaper Community agency /Case worker

Please list name/organization/source where you learned about our program: \_\_\_\_\_

EMERGENCY CONTACT #: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Alternate Emergency Number \_\_\_\_\_



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**DEMOGRAPHIC INFORMATION**

Education: (Check all that apply) GED      High School Diploma      Vocational Training      Associate Degree  
 Bachelor Degree

If you do NOT have a GED/High School Diploma List: Last Grade completed \_\_\_\_\_

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

Other Certification programs/Post-HS Programs \_\_\_\_\_ year/certificate was received \_\_\_\_\_

If yes, indicate the type and number of license/certificate: \_\_\_\_\_

**MILITARY HISTORY**

Military Branch: Army      Navy      Air Force Military      Marines      Coast Guard

Service      Active Duty      Reserves      Veterans

Wounded Warrior (Circle one, if applies)      9/11 to present Wounded      Caregiver of wounded warrior

Immediate family member

**WORK HISTORY:**

Employment: Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes where? \_\_\_\_\_

City Where employed: \_\_\_\_\_ Start Date: \_\_\_\_\_ Full-time      Part-time  
 call/Varies/Seasonal

Have you ever worked as a Nursing assistant/Home health Aid before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes where did you work? \_\_\_\_\_ What year?  
 \_\_\_\_\_

**JOB SEARCH (Information after Graduation)**

Where are you interested in working?      Hospital      Lab

What shifts are you available to work?      Mornings/Days      Afternoon/Evenings      Nights

Weekends

What type of transportation do you have? Car      Bus/Bus/line accessible      Relative /friend      Bike/walk



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**ESSAY:**

In the space provided below, tell us why you want to join our program and begin a new career. (in 2-3 sentences)



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**\*\* ANYONE CONVICTED OF A FELONY OR A CRIME CONSTITUTING A MISDEMEANOR ON THE FIRST OFFENCE AND A FELONY ON A SUBSEQUENT OFFENCE MAY HAVE A DIFFICULT TIME FINDING EMPLOYMENT IN A POSITION THAT PROVIDES DIRECT CARE TO ELDERLY ADULTS \*\***

**CRIMINAL RECORD**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Charge \_\_\_\_\_

If yes. Please list the charges and explain,

Has a health-related licensing, certificate or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? \_\_\_\_\_ yes \_\_\_\_\_ No Date of charge: \_\_\_\_\_

I hereby acknowledge that my statements above are true and correct. I understand that false or inaccurate information will be basis for termination from the phlebotomy program. I understand the Harborview School of Phlebotomy, LLC attendance and refund policy. If I indicated that I have been convicted of a disqualifying crime, I will not be eligible for employment as a caregiver in my state and not permitted to attend the Phlebotomy Technician Course. I authorize the Harborview School of Phlebotomy, LLC to release this application information and my complete program student file to my potential employers and other organizations that may offer scholarships for promising program candidates. My complete Harborview School of Phlebotomy, LLC, Phlebotomy Technician file, including grades, attendance records and all other course materials may be released to my funding source third party provider, caseworker or potential employer, if requested

Enrollee/Student Signature \_\_\_\_\_ Date \_\_\_\_\_