**Advanced Medical Academy**

**“Learning Beyond the Basics”**

**Application for Admission**

**Personal Information** *(Please enter your name as it appears on your identification or other official documents)*

Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle (mm/dd/yyyy)

Email Address ­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female Social Security Number: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No Are you a Veteran? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_\_\_ Branch

If you are not a citizen, are you in the U.S. on a Visa? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_ Permanent

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steet or P.O. Box Number City State Zip

Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street of P.O. Box City State Zip

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Contact Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle Make/Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions are confidential. Your responses will help the school evaluate recruitment and retention practices and will not affect admission to the school. Both questions below relate to racial and ethnic identity. Please respond to both questions.

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

What is your race? \_\_\_\_\_\_ Black \_\_\_\_\_\_ White \_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_ Native Hawaiian \_\_\_\_\_\_ Other

Do you have a high school diploma? \_\_\_\_ Yes \_\_\_\_ No Do you have a GED? \_\_\_\_ Yes \_\_\_\_ No

Circle highest grade completed: 8 9 10 11 12 Have you attended college? \_\_\_ Yes \_\_\_ No

Did you graduate college if attended? \_\_\_\_ Yes \_\_\_\_ No Major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What college did you attend if applicable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which program are you applying for: \_\_\_\_\_Phlebotomy Technician \_\_\_\_\_\_\_Clinical Medical Assistant**

**Please specify which program you are more interested in: \_\_\_\_\_Day Class \_\_\_\_\_\_\_Evening Class**

**\_\_\_\_January \_\_\_February\_\_\_March\_\_\_April\_\_\_May\_\_\_June\_\_\_July\_\_\_August\_\_\_September\_\_\_October\_\_\_November\_\_\_December**

I certify that the information on this application is true and complete to the best of my knowledge

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**Student Classification: \_\_\_\_\_ New \_\_\_\_\_\_ Re-Entry \_\_\_\_\_\_Approved \_\_\_\_\_\_\_Approved with Limitations \_\_\_\_\_\_\_Denied**