


AMERICAN COLLEGE
OF HEALTHCARE & TECHNOLOGY

APPLICATION FOR ADMISSION

Program Name: _____ Program Start Date: _____

Please enter the name of the program you are interested in. Indicate desired start date and time.

PERSONAL INFORMATION

Legal Name _____
Last First Middle (Maiden)

Ethnicity: Hispanic (); African American (); Caucasian (); Asian (); Other (Please Specify): _____

Last Four Digits of SSN _____ Date of Birth (month & year) _____ / _____

Current Mailing Address: _____
Street Name and Number PO Box
City State Zip Code

Telephone: Home (_____) Work (_____) Cell (_____)

Email Address: _____

Emergency Contact:

Name (Last, First) _____ Relationship _____

Address (Street/City/State/Zip Code) _____

Telephone (Day) _____ (Evening) _____

Citizenship: U.S. Citizen () Naturalized U.S. Citizen () Permanent Resident () Country of Citizenship _____
Other _____

Attach notarized copy of both sides of immigration card or naturalization document or present the original card to the Admissions Office for copying. American College of Healthcare does not sponsor student visas.

How did you hear about our school? (Example: name of web site, newspaper name, name of the event / fair, etc.)

Attention Applicants: Regulatory Boards may refuse to admit a candidate to any examination, or may refuse to issue a license or certificate to any applicant based on a number of both criminal and/or unprofessional conduct reasons. Access the following Regulatory Boards for a list of applicable offenses: Surgical Technology – www.nbstsa.org, Massage Therapy – www.camtc.org, Pharmacy Technician–www.pharmacy.ca.gov, Medical Assistant–www.aama-ntl.org, Medical Coding–www.aapc.com, Dental Assistant- www.danb.org, HVACR–www.epa.gov, Veterinary Assistant-www.tvma.org

ACADEMIC INFORMATION

Do You Have a High School Diploma? YES NO

If you have a High School Equivalency (GED), please list:

State in which you received the certificate: _____ Date Received: _____

Have you ever attended college (regardless of graduation)? YES NO

Have you ever applied to or attended ACHT before? YES NO

List the latest school(s) you have attended:

School Name, City and State	Dates Attended	Did You Graduate?	Diploma/Degree/Certificate?
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HIGH SCHOOL

_____	_____	_____	_____
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COLLEGE

_____	_____	_____	_____
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OTHER (Specify)

_____	_____	_____	_____
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EMERGENCY CONTACTS

Name: _____ Address: _____

Telephone Number: _____ Relationship: _____

Name: _____ Address: _____

Telephone Number: _____ Relationship: _____

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME: _____

SIGNATURE: _____

DATE: _____