



# ADMISSIONS APPLICATION

## PERSONAL INFORMATION

Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

## EDUCATION

List your previous schools, beginning with the most recent.

Name of School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
First Date Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
Major/Field of Study: \_\_\_\_\_  
Graduated: \_\_\_\_\_  
GPA: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
First Date Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
Major/Field of Study: \_\_\_\_\_  
Graduated: \_\_\_\_\_  
GPA: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
First Date Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
Major/Field of Study: \_\_\_\_\_  
Graduated: \_\_\_\_\_  
GPA: \_\_\_\_\_

**NAME OF INTERESTED FRIENDS**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a Veteran?

Year Ended in Military: \_\_\_\_\_ Year Discharge: \_\_\_\_\_

**EMERGENCY CONTACT**

Please list someone who we cant contact in case of an emergency

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

How did you hear about our website?

## **ADMISSION REUIREMENTS**

The standard requirement for the admission in the certificate program at the Center for Medical Services, LLC, is that the applicant be a high school graduate. However, if any applicant does not have a high school diploma, but is at least 18 years of age they will be evaluated by the school officials and if it is determined that the applicnt has the aptitude and abilty to succeed; they will be accepted on a conditional basis. There is no requirement for non-high school graduates to obtain a GED but it is encouraged they take the class or the GED testing.

There will be a \$50 registration fee which is applied toward tuition if accepted in one of the programs. A professional photo is required to be submitted with application as well.

**I have read and understand the admissions requirement**

## **TERMS & CONDITIONS**

I hereby authorize Center for Medical Services, LLC to make whatever inquiries and investigation it deems necessary of any person or organization to verify any of the information given in this application. I understand the results of such inquires will be used to further determine my qualifications and abilities for admission to the Phlebotomy and/or Home Health Care Technician program and that all information obtained will be used in making an admission decision. I also authorize any school official and other person or organization having control of any information pertaining to me or to my admission application to furnish the information to Center for Medical Services, LLC. I hereby release and exonerate any such school official or any other person or organization from any liability whatsoever in relation to compliance with a request for such information from Center for Medical Services, LLC. I have read and completed this application form and fully understand all the questions and answers contained herein. I certify that the information contained in this application to the best of my knowledge is correct. I fully understand and agree that any misrepresentation or omission from this application will fully justify and at the option of Center for Medical Services, LLC may cause my dismissal from Center for Medical Services, LLC, regardless of the time when any statement may be found to be false, misrepresented, or omitted. If accepted, I hereby agree to comply with the school's policies. I understand that information contained in this application may be shared between Center for Medical Services, LLC and the State of Ohio Board of Education, if necessary.

**I agree to the terms and conditions**

**Signature**

**Date**