

Student ID _____ Date Application Received _____ (For Office Use Only)

Choffin Career and Technical Center Adult Education (CCTC AE) Phone 330.744.8723 or 330.744.8720

HEALTH PROFESSIONS ADMISSIONS APPLICATION

Along with this application you must submit the **\$30.00 Nonrefundable Registration Fee.**

Submit payment in the form of cash or money order (no personal checks) payable to: Youngstown City Schools.

Application can be submitted to Choffin CTC Adult Education ~ 200 E. Wood St. ~ Youngstown, Ohio 44503

Program of Interest: Dental Assisting Practical Nursing Surgical Technology
Testing Fee(Nonrefundable): (CASAS: n/a) (TEAS: \$75.00) (CASAS: n/a; Manual Dexterity: \$45.00)

PERSONAL INFORMATION: (Please print clearly.)

First Name:	Middle Initial:	Last Name:
Street Address:		County:
City:	State:	Zip:
Primary Phone:	Secondary Phone:	Previous Last Name (if applicable):

EMAIL ADDRESS:

Date of Birth (MM/DD/YYYY):	Age:	Social Security Number: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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EDUCATIONAL HISTORY:

Highest Level of Education (check only one):
 High School High School Equivalent Associate's Degree Bachelor's Degree Post-Baccalaureate
Degree Major: _____

Name of High School/Testing Location: _____
City/State of High School/Testing Location: _____ Grad/HS Equivalent (MM/YY): ____/____

Colleges or Post-Secondary Programs you have previously attended:

Name of School/College: _____ From (Month/Yr): _____ to _____
Name of School/College: _____ From (Month/Yr): _____ to _____

Do you have a current STNA Credential? Yes, Renewal Date: _____ No

FUNDING INFORMATION:

Pell Grant MCTA Case Manager _____ VA
 Interest-Free Payment Plan TRA/TAA Case Manager _____ Other _____
 Student Loan BVR Case Manager _____

Are you in default on any student loans? Yes No

Are you a Veteran? Yes, which Branch? _____ No

EMPLOYMENT DATA:

Currently Employed: Yes No

Current or Last Employer: _____ Employed From (Month/Year): _____
to _____

Current or Last Position:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
EMERGENCY CONTACT:		
Name:	Relationship:	Phone:
Address:	City:	State: Zip:
ADDITIONAL INFORMATION:		
How did you hear about the Choffin Adult Education Programs?		
<input type="checkbox"/> Referred by Individual or Past Student	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Radio
<input type="checkbox"/> TV	<input type="checkbox"/> Billboard	<input type="checkbox"/> Mail (postcard)
<input type="checkbox"/> Choffin Website	<input type="checkbox"/> GED	<input type="checkbox"/> Employer
<input type="checkbox"/> Facebook	<input type="checkbox"/> Other _____	
REPORTING INFORMATION: <i>(The following information is required for State, Federal and accreditation reporting. This information will only be used for statistical reporting requirements.)</i>		
Ethnicity	<u>Please Check All That Apply</u>	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Limited English Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> Economically Disadvantaged	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Disabled	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Displaced Home Maker	
<input type="checkbox"/> Multi	<input type="checkbox"/> Single Parent	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
<input type="checkbox"/> White		
Authorization for Release of Information and Applicant Certification:		
I hereby authorize the release of information to Choffin Adult Health Professions including information both oral and/or written regarding my records, character, conduct and performance.		
I understand that all pre-entrance requirements must be met and a criminal background check and satisfactory drug screen are required for participation in each program and clinical externship.		
I further certify the information given on this application is true.		
_____	_____/_____/_____	
Applicant's Signature	Date	

FOR OFFICE USE ONLY:			
Fees Paid: <input type="checkbox"/> Registration	<input type="checkbox"/> TEAS Testing	<input type="checkbox"/> Dexterity	<input type="checkbox"/> Catalog Emailed
Date Paid:	Date Paid:	Date Paid:	
Test Date:	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	<i>Deficient Area(s):</i>
Reading _____			
Math _____			
2nd Attempt: P/F	3rd Attempt: P/F	Provisional: Y/N	
Interview Date:	Interview Time:	Interview & Testing Points Total:	
BCI Received Date:	FBI Received Date:		
Enrollment Status: <input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> Provisional Entry	<input type="checkbox"/> Alternate List
High school transcript/GED or equivalent received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drug Test Results:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive, area(s):	

Withdrew Application (date):

Reason:

No information you provide will be used in a discriminatory manner. Choffin Adult Education programs are offered without regard to race, color, origin, sex, disability, or age.