Choffin Career and Technical Center Adult Education (CCTC AE)

HEALTH PROFESSIONS ADMISSIONS APPLICATION

Along with this application you must submit the $25 Nonrefundable Registration Fee.
Submit payment in the form of cash or money order (no personal checks) payable to: Youngstown City Schools.

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.

Program of Interest:	❑ **Dental Assisting**	❑ **Practical Nursing**	❑ **Surgical Technology**
Additional Testing Fees:	*(TABE: n/a)*	*(TEAS: $75.00)*	*(TABE: 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: ❑ Female ❑ Male		

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:	❑ Full-time ❑ Part-time

EMERGENCY CONTACT:

Name: Relationship: Phone:

Address: City: State: Zip:

ADDITIONAL INFORMATION:

How did you hear about the Choffin Adult Education Programs?

❑ Referred by Individual or Past Student ❑ Advertisement ❑ Radio ❑ Facebook
❑ TV ❑ Billboard ❑ Mail (postcard) ❑ Other _____
❑ Choffin Website ❑ GED ❑ Employer

Check any issues below that may affect your academic performance or finding and keeping a job (*optional*):

❑ Lack of work experience ❑ Lack of work skills ❑ Lack of transportation ❑ Other _____
❑ Lack of job search/interview skills ❑ Child care issues ❑ No Driver's License _____
❑ Disability ❑ Lack of confidence ❑ Pending criminal charges/past criminal conviction

REPORTING INFORMATION: *(The following information is required for State, Federal and accreditation reporting. This information will only be used for statistical reporting requirements.)*

Ethnicity

❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ Hispanic or Latino
❑ Multi
❑ Native Hawaiian or other Pacific Islander
❑ White

Please Check All That Apply

❑ Limited English Proficiency
❑ Economically Disadvantaged
❑ Disabled
❑ Displaced Home Maker
❑ Single Parent

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: ❑ Registration ❑ TEAS Testing ❑ Dexterity ❑ **Catalog Emailed**

Test Date: ❑ Passed ❑ Failed *Deficient Area(s):*

Interview Date: **Interview Time:** **Interview & Testing Points Total:**

BCI Received Date: **FBI Received Date:**

Enrollment Status: ❑ Accepted ❑ Not Accepted ❑ Provisional Entry ❑ Alternate List

High school transcript/GED or equivalent received: ❑ Yes ❑ No

Drug Test Results: ❑ Negative ❑ Positive, area(s):

Withdrew Application (date): *Reason:*