



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) (He/Him) (She/Her) (They/Them)

Ethnicity (Please circle one)

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: _____

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

American College of Healthcare and Technology 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: Please be advised that prior criminal records may significantly impair your prospects of externship during the program and/or employment upon graduation. Further, 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.nbtsa.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?
HIGH SCHOOL			
_____	_____	_____	_____
COLLEGE			
_____	_____	_____	_____
OTHER (Specify)			
_____	_____	_____	_____

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.
- I hereby give consent and approval to the school for the taking of images of class and lab activities, field trips, clinical rotation/externship or any other activity involving my participation as a student and the use of authored testimonials regarding the school and their use in specific education, chart visual documentation and promotional purposes, such as various forms of media advertisement, internet, or school and public display without any form of financial consideration. "Images" shall mean motion picture, audio, video, or still photograph in any format, as well as video tape, video disc or any other mechanical means or recording and reproducing images. This authorization includes the use of school related pictures posted on social media platforms, such as Facebook and Instagram, and tagging me on school related posts.

NAME: _____

SIGNATURE: _____

DATE: _____