

A P P L I C A T I O N

Date of Application: _____ Anticipated Start Date: _____

Which program are you applying for? _____

Full Legal Name: _____
Last First Middle (Maiden)

Marital Status: (Please Circle one) Single Married Divorced Separated as of: _____

Mailing Address: _____
Street Apt. Number City State Zip Code

Contact Phone Number: _____ Additional Phone Number: _____

Email Address: _____ Driver's License: _____ State: _____

Are you a Citizen of the US? YES/NO If no – Alien Registration Number: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

High School Attended/Attending: _____ Year of Graduation: _____
If you have a GED, please note GED program and date received: _____

Ethnic Category – Optional

(Please circle one):

Hispanic *American Indian/Alaska Native* *Asian* *Black or African American*
Native Hawaiian or Other Pacific Islander *White* *Two or more races* *Other*

Emergency Contact Information:

Name Phone Number Street Address City State Zip

Additional Work or Day Phone Number _____

Additional Emergency Contacts:

2: _____
Contact Name and Phone Number Street City State Zip

3: _____
Contact Name and Phone Number Street City State Zip

List Colleges you have previously attended if applicable:

College Name Address Date Attended

College Name Address Date Attended

College Name Address Date Attended

How did you hear about The National Training Institute for Healthcare Technicians L.L.C ?

I hereby certify the information included on this application for admissions is true and correct to the best of my knowledge. An official school Catalog will be issued to me prior to my enrollment to The National Training Institute for Healthcare Technicians L.L.C. I also understand that completing this application for admissions does not guarantee acceptance in to the program.

Student signature: _____ Date: _____

ADDITIONAL ITEMS NEEDED FOR APPLICATION:

1 – Copy of Birth Certificate. (Must be a registered copy, legible and complete with date and legal name)

2 – Copy of High School Diploma, GED or High School Transcripts

MAIL COMPLETED APPLICATION AND ADDITIONAL ITEMS NEEDED

The National Training Institute for Healthcare Technicians L.L.C

The National Training Institute for Healthcare Technicians LLC Department
616 Gadsden Hwy Ste D5, Birmingham, AL 35235