

*MEDICAL ASSISTANT/ CERTIFIED NURSING ASSISTANT*

*ADMISSION APPLICATION FORM*

**HIGH SCHOOL OF HEALTH PROFESSIONS**

**130 HOWARD HILL DRIVE ORANGEBURG, SC 29115**

**TELEPHONE (803) 535-1693 FAX (803) 535-1695**

**High School of Health Professions (HSHP) admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability. This application form must be completed and submitted to the HSHP Admission Office by the date specified on the application. In addition to this application form, the applicant's must submit a copy of High School Diploma or GED. Prospective students will be notified for an interview.**

<b>APPLICANT INFORMATION</b>										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Social Security Number										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					
<b>Program and Dates Applying For</b>										
	Medical Assistant	Spring					Certified Nursing Assistant	Spring		
	Medical Assistant	Fall					Certified Nursing Assistant	Fall		
<b>EDUCATION</b>										
High School					Address					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
College					Address					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other					Address					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	

## REFERENCES

*Please list three references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date