



# HEALTH TECH INSTITUTE

## APPLICATION FOR ADMISSION

## PHLEBOTOMY TECHNICIAN

### Parental Information:

Father's Name:

Living       Deceased      Occupation \_\_\_\_\_ Education \_\_\_\_\_

Mother's Name:

Living       Deceased      Occupation \_\_\_\_\_ Education \_\_\_\_\_

Do you have any responsibilities that may interfere with this program?  NO  YES

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Secondary Education: List all high schools or other secondary schools attended.

Dates From - To	School Name	City and State	Diploma

Post – Secondary Education: List all formal education beyond high schools.

Dates From - To	School Name	City and State	Major: Credit(s) Earned Degree

### College Board Exams Taken:

ACT Score \_\_\_\_\_  SAT Score \_\_\_\_\_  GRE Score \_\_\_\_\_  
 TOEFEL Score \_\_\_\_\_  GMAT Score \_\_\_\_\_  Other \_\_\_\_\_ Score \_\_\_\_\_

**Employment:** List all work experience, full-time, part-time, since high school, beginning with the most recent position. If more space is required, please continue on another sheet of paper.

Dates From - To	Position	Company	City & State

**Signature: I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete. I agree that any false or incomplete statements are grounds for denial of admission or dismissal from the HEALTH TECH INSTITUTE Phlebotomy Technician program without a complete or partial refund.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDENDUM TO HEALTH TECH INSTITUTE Admission Application

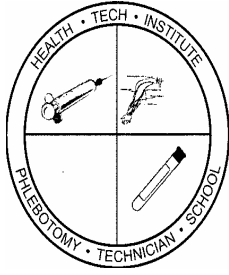
This section must be fully completed by all applicants.  
Please list past addresses.

Date		Street Address	City/Town	State	County	Country other than USA
From	To					

I certify that the information above is true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



## EMERGENCY CONTACT

**For:** \_\_\_\_\_  
( Student Name )

In case of medical emergency, please contact the following

1) \_\_\_\_\_  
Name Relation

2) \_\_\_\_\_  
Address City State

\_\_\_\_\_  
Telephone Home Telephone (Work)

3) \_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Address City State

\_\_\_\_\_  
Telephone ( Home ) Telephone (Work)

Misc. Information ( ie, Hospital preference. Physician Name )

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