

# HEALTH-TECH INSTITUTE OF MEMPHIS

## APPLICATION FOR ADMISSION

New  **Returning Student** Term of Admission (check one)  Fall  Spring  Summer  Winter Year 20 \_\_\_\_

SSN: (Please contact the Admissions or Records Office if you choose not to use the SSN) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Telephone Number: (home) (\_\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_

Are you on active-duty military status?:  Yes  No

Are you a U.S. Citizen?:  Yes  No

If no, country of citizenship \_\_\_\_\_

Native Language \_\_\_\_\_

Visa Type \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Note: A copy of Permanent Resident Card or I-94 must be on file prior to registration.**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Gender:

Male  Female

Ethnic Origin

Asian  White  Black  Hispanic

### High School Education: (check and complete one section)

High School \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

GED Completion Date – Month and Year \_\_\_\_\_

Do you have any accommodations you may need while in training?    Yes    No

If so please explain?

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**College/University Education:**

List all other colleges attended – list most recent first. Please attach a separate sheet if necessary.

College/University	City	State	Begin	End	Degree Earned

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**Intended Major: Please Circle - Health Information Management - Medical Assistant  
Medical Office Administration - Patient Care Technician – Pharmacy Technician**

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**Hepatitis B Immunization Health History mandated by the State of Tennessee (HBV) [TO BE COMPLETED BY ALL STUDENTS]**

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injected drug use. The disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

\_\_\_\_\_ I hereby certify that I have read this information and **I have received the complete three dose series of the Hepatitis B vaccine**

Date of completion of the Hepatitis B vaccination series \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ I hereby certify that I have read this information and **I have elected NOT to receive the Hepatitis B vaccine.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [[www.cdc.gov/health/default.htm](http://www.cdc.gov/health/default.htm)]

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**Draft Registration**

All male citizens of the United States of America, born in 1960 or after, must have registered for the draft prior to registering for classes. This requirement does not apply to veterans and others exempt by federal laws.

Have you registered for the draft?    Yes    No    Exempt

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I have read and understand the statements provided on the instruction page and I agree that Health-Tech Institute of Memphis may release information from my file according to the Buckley or Solomon Amendment; and certify that all information on this form is true and that no information has been withheld. I understand that withholding information or giving false information may make me ineligible for admission or subject to dismissal. With this in mind, I certify that statements provided are correct and complete.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_