

HEALTH-TECH INSTITUTE OF MEMPHIS

APPLICATION FOR ADMISSION – LPN

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?

[Redacted area]

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

[Redacted area]

Intended Major: Please Circle: Licensed Practical Nurse - LPN

[Redacted area]

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]

[Redacted area]

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

[Redacted area]

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** _____