

# HEALTH FOCUS, INC.

4900 Belair Road  
Baltimore, MD 21206

## Patient Care Technician application form

All prospective student will receive consideration for admission into the program without regards to race, nationality, creed or religion, sex, marital status or orientation, age, handicaps or any other personal characteristics protected by federal, state, or local law.

Complete this form and return with your non-refundable \$50.00 registration fee.

Incomplete information will cause delay in processing your application. No personal checks, no cash. only money order or cashier's checks.

**Note:** Health Focus Inc. is a smoke-free institution. It is a workplace and educational institution free of drug and alcohol abuse.

Please answer all questions

Start Date.....

Program: Patient care Technician  Phlebotomy  EKG

Time: Day.....to..... Evening.....to.....

Name:.....  
Last First MI Maiden

Address.....Apt#.....

City.....State.....Zip.....

Home phone #.....Work Phone #.....

Email address.....Sex: Male  Female

Drivers License #.....DOB.....SSS #.....

Emergency contact person.....Phone #.....

Race/Ethnicity: Hispanic or Latino  White  African American/Black

Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

Have you completed a CNA program?.....Yes.....No

If yes, indicate name of school.....

Dates Attended: From.....To.....

Have you been convicted of a criminal offense in the last 5 years?.....Yes.....No

If yes, please state nature of conviction.....

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Date of Conviction.....Status of Problem.....

Name of probation officer.....Phone #.....

Address.....

**Note:** A conviction does not mean rejection for admission into the program. however, if you are on probation, we will contact your probation officer for a reference.

**Current CNA Employment Confirmation**

Name of Company.....

Address.....

Phone #.....Position.....

Supervisor.....

How did you hear about Health Focus, Inc.

Walk in.....

Advertisement.....

Agency.....

Current student or staff member.....

Others.....

Signature of Applicant .....Date.....