

DIVERSIFIED HEALTHCARE TRAINING INSTITUTE

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Raleigh, NC 27609

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(919) 771-3429 (c)

Diversifiedhealthcare.training@gmail.com

APPLICATION FOR ADMISSION

If you need help filling out this form or for any phase of the admission process, please notify us and every effort will be made to assist you.

Your application will not be considered if incomplete.

Name (Last, First, Middle Initial)

Present Address (Street, City, State, Zip)

Social Security #	Home Phone # ()	Alternate Phone # ()
Program For Which You Are Applying	Starting Date Ending Date	
Check All That Apply: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Referred By?	Are You At Least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diversified HealthCare Training Institute only admits people Lawfully Authorized to attend schools in the U.S. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. Citizen, are you lawfully authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____		
Are you capable of performing, with or without reasonable accommodation, the essential functions of a Nurse Aide or Nursing Assistant in training? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List below three references excluding relatives.

Name		
Relationship	Phone # ()	Email address
Address		

Name		
Relationship	Phone # ()	Email Address
Address		

Name		
Relationship	Phone # ()	Email Address
Address		

May we contact references listed above? ☐ **Yes** ☐ **No**

Have you ever been black listed as a care giver ☐ **Yes** ☐ **No**

If yes, please explain

If your school records are under a different name, please enter that name: _____

High School (Name and Address)		
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Name and Address)		
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree
Course of Study (major/minor)		
Other (Name and Address)		
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree
Are you attending school or taking courses now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
List of scholastic honors		

Do you have an appropriate valid driver's license? ☐ Yes ☐ No

Driver's License # _____

REMARKS

☐ I certify that the facts contained in this application are true and accurate. I understand that falsified statements on this application will be considered cause for non-admission.

☐ A drug urine test and background check are required for this program. I consent to take both. A failed drug test or background check are reasons to discontinue the program.

☐ This application will be maintained with the Agency for one (1) year only, unless renewed.

☐ I acknowledge that I have read and understand these terms.

PRINTED NAME:	SIGNATURE:
DATE:	

