



6520 West Flagler St  
Miami, Florida 33144  
Tel: 305-648-3293/ Fax: 305-648-3294

**Admission Application**

**Student Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) \_\_\_\_\_ (Business or Cellular): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male Female

E-Mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

High School Name: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name of Parent/Guardian (if student is under 18): \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) \_\_\_\_\_ (Business or Cellular): \_\_\_\_\_

**Program of Interest:**

- |  |  |
|--|--|
| <input type="checkbox"/> Home Health Aide (HHA)  | <input type="checkbox"/> Patient Care Technician (PCT) |
| <input type="checkbox"/> Phlebotomy Technician   | <input type="checkbox"/> Medical Assistant             |
| <input type="checkbox"/> Hemodialysis Technician | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Nursing (ASN)           |  |
| <input type="checkbox"/> Nursing (RN to BSN)     |  |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(If under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrative Member

\_\_\_\_\_  
Date

*Last Update: May 28, 2024*