



GRADUATE SCHOOL

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CENTER FOR HEALTH SCIENCES ADMISSIONS APPLICATION

SECTION A – GENERAL ADMISSION INFORMATION

Have you submitted your application for general admission? Yes No

Have you previously applied or enrolled in the Graduate School? Yes No

Note: The General Admission application must be completed prior to submitting the Allied Health Supplemental Admissions Form.

Last Name:	First Name:	Middle Initial:	<i>Affix photo here.</i>
Other legal name(s) previously used:			
Current Address:			
City, State/Zip Code:			
Date of Birth:	Social Security Number:	- -	
Home Phone: ()	Cell Phone: ()		
Email Address:			

SECTION B – PROGRAM INFORMATION

Program Information: Which program(s) are you interested in pursuing?

Degree Seeking: Associate of Applied Science

Non-Degree Seeking: Certificate

Medical Laboratory Technician (MLT)

Phlebotomy

Clinical Work Experience: Do you have prior clinical work experience (CNA, EMT, etc.)? Yes, please state below. No

Position/Title:	Employer:	Number of years:
Position/Title:	Employer:	Number of years:
Position/Title:	Employer:	Number of years:
Position/Title:	Employer:	Number of years:

Certification/Licensure: Do you currently possess or previously had a healthcare certification and/or license?

Yes, please state below. No

Licensure/Certification: Date Issued:	Issuing State or Organization: Date of Expired:
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Letters of Recommendation: All applicants are required to submit two letters of recommendation from current or past employer(s), supervisor(s) or teacher(s). Please provide name and contact information for each individual.

Name:	Phone Number:	Relationship to Applicant:
Name:	Phone Number:	Relationship to Applicant:

Essay: All applicants are required to submit a 100-200 word autobiographical essay describing *why you want to pursue a career in healthcare and why do you wish to attend the Graduate School.*

SECTION C – PERSONAL CONDUCT

Acknowledgement: By signing this application, I acknowledge that I am aware and prepared to meet additional requirements and standards imposed by regulatory agencies, recognized professional societies, the Graduate School and clinical sites prior to enrollment, including but not limited to:

- Drug testing and criminal background check(s) as required by clinical sites. All applicants are required to undergo drug testing and criminal background checks, conducted by an outside agency. Results of drug test and criminal background check(s) will be reviewed by designated personnel at each clinical site and the clinical site has the right to refuse student participation at that site based upon the review.
- Submit appropriate medical history, physical examination, Tuberculin skin test, and vaccination records or proof of immunity for Varicella (Chicken Pox), Diphtheria, Hepatitis B, Pertussis, Tetanus, and Measles, Mumps and Rubella (MMR).
- Participation in an Allied Health program requires current Basic CPR certification (American Heart Association).

I certify that the information on and submitted in support of this application is correct and complete. I understand that falsification of this application may lead to program dismissal.

Signature: _____

Date: _____

Official Use Only: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Conditional
