



EXCELLENCE

FIRST STEP TO EXCELLENCE HEALTH CARE TRAINING ACADEMY, LTD

1639 East 87th Street Chicago, IL 60617

773-437-5003 www.fsteacademy.education

PHLEBOTOMY

Instructions: Please read and answer all questions. Please type or print answers to all questions. Mail, fax or bring in completed application. Please keep a copy of your application and fax transmittal receipt for your records. A separate application must be submitted for each class you are applying for.

PERSONAL INFORMATION (print)

First Name* Middle Initial Last Name*

Previous Names (i.e., maiden name)

Social Security Number Birth Date* Drivers' license/state ID#

CONTACT INFORMATION

Street Address Apartment/unit#

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City* State* Zip*

Cell Phone * Home Phone *Email Address

Emergency Contact Name and phone number*

EDUCATION: Have you graduated from High School or received a High School Equivalency diploma (GED)

Yes No If no, circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12

School	Name	Address	Dates attended	Credit hrs. completed	Type of degree received	Major course of study	Did you graduate?
High School							
Technical/business							
College/university							

EMPLOYMENT INFORMATION:

Current Employer _____ address _____ position/title _____

Supervisor Name Title _____ business phone _____

QUESTIONNAIRE*

Please respond to the following questions:

Why do you want to enroll in FSTE's Phlebotomy Certification Training Program? *

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Why do you feel you would excel as a Phlebotomy Technician? *

Accommodations: Qualified individuals with a disability may request special accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting First Step to Excellence Health Care Training at 773-437-5003. Qualified applicants are considered for admission, without regards to race, color, religion, sex, national origin, age or marital status. Information obtained relative to above stated areas will be used for statistical analysis and not as criteria for admission. All information will remain confidential.

Voluntary Information: to meet U.S. Department of Education, Integrated Post-Secondary Education System reporting guidelines, we are requesting your voluntarily supply for following information. This data will not be considered when in evaluating your application.

Gender		Race/Ethnicity			
Female	___	Asian	___	Black	___
Male	___	White	___	American Indian	___
		Hispanic	___	Hawaiian/Pacific	___
		Other	___		
Is English your Primary Language?		Yes	___	No	___
If no, please explain:					

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Potential students must submit to a criminal background check as required by Illinois Department of Public Health.

BACKGROUND CHECK

I hereby authorized First Step to Excellence Health Care Training Academy, Ltd., (FSTE), to initiate/request a Health Care Workers Background Check/security clearance. (Please complete the section below).

Other Names used (maiden)

States you have resided

Place of Birth (State or Country) *

Hair Color* _____ Eye Color* _____ Weight* _____ Height* _____

Name _____ signature _____

By signing, I certify that all of the information on this application is correct and complete. I understand that any misrepresentation can result in clients' ineligibility to start First Step to Excellence Health Care Training Academy's Phlebotomy Certification Training Program.

Signature*

Date*

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