



FIRST STEP TO EXCELLENCE HEALTH CARE TRAINING ACADEMY, LTD

www.fsteacademy.education

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Office 773-437-5003 fax 844-676-1699

Please print or type all information. Submit complete Application and Enrollment Agreement with required documents (ID, SS#), to fste@fsteacademy.education or fax 844-676-1699. An \$850.00 application and registration fee deposit of which \$100.00 is nonrefundable.

LAST NAME _____ FIRST NAME _____ MI _____ MAIDEN NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT PERSON: _____ RELATIONSHIP _____

EMERGENCY CONTACT NUMBER _____ CELL NUMBER _____

HAVE YOU PREVIOUSLY ATTENDED FSTE? NO YES

IF YES, WHAT YEAR _____ COURSE(S) TAKEN _____

ARE YOU CERTIFIED _____ WHAT AREA _____ CERT.# _____

LIST OF SCHOOLS, COLLEGES AND UNIVERSITIES ATTENDED BEGINNING WITH THE MOST RECENT

NAME OF INSTITUTION	DATE ATTENDED/GRADUATED	FIELD OF STUDY	DEGREE/CERTIFICATEDIPLOMA

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ARE YOU PRESENTLY EMPLOYED AT AN AREA HOSPITAL/HEALTH FACILITY? IF YES, PLEASE SPECIFY NAME, POSITION AND JOB DUTIES

NAME OF HOSPITAL/FACILITY	DATES OF EMPLOYMENT	POSITION	JOB RESPONSIBILITIES

SPECIAL SKILLS AND STRENGTHS (EXAMPLE, COMPUTER SKILLS SECOND LANGUAGE, PUNCTUALITY)

ETHNICITY AND RACE

Providing this information below is voluntary and will not be used in a discriminatory manner. These questions comply with the U.S. Department of Education’s standards for ethnic and racial data collection.

Please select one or more that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- White
- Prefer not to answer

I certify that the above statement(s) are true complete and correct. I understand that if I withhold or give false information on this application it may make me ineligible for admission to the school or subject to dismissal. Document ownership: all documents submitted to FSTE, for admission purposes becomes the property of the school. Documents will not be released to students nor will they be forwarded to other educational institutions or agencies.

APPLICANT SIGNATURE _____ DATE _____

ADDENDUM TO APPLICATION

HOW DO YOU BESG LEARN AND PROCESS INFORMATION?

NUMBER IN ORDER OF IMPORTANCE 1 BEING THE MOST IMPORTANT 6 BEING THE LEAST IMPORTANT

___ VISUAL LEARNER; WATCHING PROCEDURES BEING PERFORMED

___ TACTILE: HANDS-ON PERFORMANCE

___ READING INFORMATION

___ WRITING: TAKING NOTES AND RE-WRITING THEM

___ REPITITION: HEARING AND PERFORMING PROCEDURES SEVERAL TIMES

___ LISTENING: HEARING INSTRUCTIONS