

Texas Health School (THS)

Application for Admission

To be considered for enrollment into any of Texas Health School's programs, you'll need to provide the following documents:

- Valid Government-issued Driver's License, I.D. and Social Security Card
- High School Diploma/GED/College transcripts/CPAt*

If I am accepted by the Texas Health School, I agree to comply with the school regulations and policies.

Date _____ Applicant Signature _____

COMPLETE EACH ITEM BELOW – If it does not apply to you, write "N/A"

DATE _____ HOW DID YOU HEAR ABOUT THS? _____

FULL LEGAL NAME _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE _____ STATE _____ DOB _____

ADDRESS _____

(Street) (Apt #) (City, State) (Zip Code)

TELEPHONE (cell) # _____ (home) # _____ (work) # _____

EMAIL ADDRESS _____ MAIDEN NAME _____

PROGRAM OF CHOICE

LVN to ADN Vocational Nursing Medical Assistant Medication Aide Nurse Aide Massage Therapy

How soon are you wanting to start? ASAP Next Start Other _____ Session you prefer: DAY EVENING

*If applying for LVN to AND, is your license active and unencumbered? Y N If so, please provide License No. _____

ACADEMIC BACKGROUND

TYPE	NAME OF INSTITUTION	ADDRESS OF INSTITUTION	DATE OF ATTENDANCE	COURSES OF STUDY	DEGREE GED OR DIPLOMA
High School					
College					
College					
Other					

RECENT EMPLOYMENT EXPERIENCE

NAME OF EMPLOYER	LOCATION	TITLE	DATE FROM	DATE TO

Have you ever been convicted of a felony or misdemeanor? __Yes __No If yes, give details and date(s) _____

NOTE: Criminal history checks show convicted charges, not charges that are pending or crimes the individual was not convicted of or adjudications. TBON, TDHHS, and TDLR may perform these total background checks if deemed necessary. Texas Health School does not take responsibility if issues arise later when TBON, TDHHS, and/or TDLR verifies the applications of pending applicants for the Texas Board of Nursing, Texas Nurse Aide Registry, Texas Medication Aide Registry, and/or Massage Therapy Licensing Program. It is solely the student's responsibility to verify approval of application for licensure prior to enrollment.

STUDENT TRANSCRIPT REQUESTS: I understand that as an Applicant for enrollment, I am responsible for requesting my own Official High School and/or All College Transcripts and submitting them to the Admissions and Financial Aid offices as required.

SIGNATURE _____ DATE _____

PLEASE COMPLETE THE FOLLOWING BEFORE COMPLETING 2ND PAGE

STATISTICAL INFORMATION:		Ethnic Origin: Nonresident Alien _____ Hispanic/Latino _____	
Sex F _____	Marital Status S _____	American Indian/Alaska Native _____	Asian _____
M _____	M _____	Black/African American _____	
	D _____	Native Hawaiian or Other Pacific Islander _____	White _____
		Two or More Races _____	Race & Ethnicity Unknown _____

ESSAY QUESTIONNAIRE

Name: _____

Age: _____

There are no right or wrong answers to the following questions. These simply are questions that give you a chance to express your opinions and thoughts. Please be as complete and clear as possible. Return the sheet to the Front Desk Receptionist as soon as you have completed both questions.

1. Give a few reasons why you wish to pursue a career in _____

2. Why do you think additional training is important to you? _____
