

**HEALING HEALTHCARE TRAINING INSTITUTE, LLC**

Student Application Form

All information is confidential and for use only by Healing Healthcare Training Institute.  
All fields are required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender: \_\_\_\_\_

**Race:**

American Indian/ Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_

Caucasian \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Native Hawaiian Pacific \_\_\_\_\_

Other \_\_\_\_\_

**Highest Level Of Education:**

Less than High School \_\_\_\_\_ High School Degree/GED \_\_\_\_\_

Some College(no degree) \_\_\_\_\_ Associate's Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_

Graduate/Professional Degree \_\_\_\_\_

**Employment Status:**

Employed \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:**

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

Course of Interest: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today \_\_\_\_\_

HEALING HEALTHCARE TRAINING INSTITUTE, LLC offers equal educational opportunities. The school does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender, identity, age, national origin, veteran status, or disability. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publications, contact Tenita Allen 313 544-0626