



19112 Burnham Ave. Lansing , Illinois 60438

Pre-Registration Application

COURSES: **BNATP**  _____ :  **Phlebotomy:** _____ **EKG** _____

Name: Last _____ **M** _____ **First** _____

Date of Birth : _____ Phone : _____ Date: _____

Current Address: _____ ZIP _____

Are you a US citizen ? yes no email: _____

Do you have any communicable diseases? yes: _____ no: _____

***A Mandatory TB screening is required before admission to program. ***

Do you have any issues on criminal background check?

Are you able to commit the time to complete course: yes _____ no _____

Why do you want to become a... ***All our courses are accelerated Fast Track ***

- **NursingAssistant** _____

- **PhlebotomyTechnician** _____

- **Recertification of 21 Skills:** Year state test completed and name of training program
- **EKG** _____

○ Rate Yourself: Attitude, honesty, initiative, creativity. Excellent ___ Good ___ Fair ___ Poor ___

○ Cooperation, Attendance, Punctuality, Dependable: Excellent ___ Good ___ Fair ___ Poor ___

○ Are you afraid *of blood, needles, diseases* ? yes ___ no ___

○ Are you able to lift 50-70lbs yes ___ no ___ have you had any injuries? _____

if yes describe: _____

○ Are you currently working yes _____ no _____

Will employment affect your class schedule? yes ___ no ___

○ Do you have personal support for completion of courses responsibilities? yes: ___ no: ___

○ **Do you have any disability?** _____ if yes ...What type: _____

***Once classes begin, are you willing and able to make a serious commitment to finishing your training and financial obligations?** _____

***How did you hear about Hugs Inc. Courses?** _____
