



## Pre-Registration Application

Date : \_\_\_\_\_

Courses :  **BNATP:** \_\_\_\_\_  **Phlebotomy:** \_\_\_\_\_ **Recert :** \_\_\_\_\_

Name- **First:** \_\_\_\_\_ **M:** \_\_\_\_\_ **Last :** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a US citizen? \_\_yes\_\_ no **Email:** \_\_\_\_\_

Do you have any communicable diseases? yes: \_\_\_\_\_ no: \_\_\_\_\_

**\*A Mandatory COVID Vaccine & TB screening is required before admission to program. \***

Do you have any issues on **criminal background check**? Yes : \_\_\_\_\_ No: \_\_\_\_\_

Are you able to commit the time to complete course: Yes : \_\_\_\_\_ No : \_\_\_\_\_

Why do you want to become a :

**\*All courses are accelerated Fast Track \***

- **Certified Nursing Assistant :**

\_\_\_\_\_

- **Phlebotomy Technician:**

\_\_\_\_\_

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

\_\_\_\_\_

○ 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 difficulty learning ? Explain :

\_\_\_\_\_

**\*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?**

\_\_\_\_\_

Referred by : \_\_\_\_\_ Sponsor : \_\_\_\_\_ Walk-In : \_\_\_\_\_