

HEALTH CARE CAREER ACADEMY APPLICATION FOR ADMISSION

CONTACT INFORMATION			
Name:			
Phone #:	Alternate #:	E-mail:	
Address:			
City:		State:	ZIP Code:
SSN/HCC ID #:			
Emergency Contact Name:		Phone #:	
APPLICATION SEMESTER			
<input type="checkbox"/>	Fall, Year	<input type="checkbox"/>	Spring, Year
<input type="checkbox"/>		<input type="checkbox"/>	Summer, Year
LOCATION			
<input type="checkbox"/>	Southeast, Eastside Campus	<input type="checkbox"/>	Southwest, West Loop Center
<input type="checkbox"/>		<input type="checkbox"/>	Central, Willie Lee Gay Campus
PROFESSIONAL LICENSE OR CERTIFICATE PRESENTLY HELD (RELATED TO HEALTH SCIENCES ONLY)			
Type:		State:	
Number:		Expiration Date:	
EMPLOYMENT HISTORY			
Employer:		Date of Employment:	
Position Title:		Job Description:	
Reason for Leaving:			
Employer:		Date of Employment:	
Position Title:		Job Description:	
Reason for Leaving:			
Employer:		Date of Employment:	
Position Title:		Job Description:	
Reason for Leaving:			
NOTE			
<p>Applicants who have been convicted of a felony are responsible for contacting the appropriate agency to determine the qualifications for becoming certified and/or licensed following the completion of a Health Science program. Background checks and drug screening are performed on all accepted students.</p> <p>Please submit completed application with official transcripts attached in person to Welcome Center, 1900 Pressler St., Houston, TX 77030.</p>			
SIGNATURE			
The information I have provided is complete and correct to the best of my knowledge.			
Applicant Signature:		Date:	