



PHLEBOTOMY TECHNICIAN PROGRAM APPLICATION

Non-refundable Application Fee \$30.00

CLASS CHOICE: FALL SPRING

PERSONAL DATA

First Name: _____ Middle Initial: _____ Last: _____

Preferred Fist Name: _____ Gender: Male Female

Social Security Number: _____ DOB: (must be at least 18 years old to register) _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred Phone: _____ Mobile Home Email Address: _____

Have you ever been convicted, pled guilty, entered a plea of nolo contendere, been found guilty by a judge or jury, of a felony or misdemeanor, or received probation without a verdict, disposition in lieu of trial, or an Accelerated Rehabilitative Disposition in the disposition of a felony charge, in the course of the Commonwealth of Pennsylvania, the United States, or any other state, territory, possession, or country? Yes No

OPTIONAL: What do you consider your ethnic origin? (Reporting purposes only - will not be used in the admissions process)

Ethnicity: Black (non-Hispanic) Hispanic Latino White (non-Hispanic) Asian/ Pacific Islander
 American Indian/Alaskan Native Indian (from India) Multi-Racial Other

List High School(s) Attended: _____ Check off if you have a GED

Are you a US Citizen? Yes No **Non-US Citizens: Are you a permanent US Resident? Yes No

Statement of Understanding

It is the student's responsibility to provide a valid authorization letter from their sponsor on official company letter head. Upon receipt, the School will bill the sponsor directly for student expenses. This payment is due prior to the start of class and to avoid late payment fees and financial holds. Non-payment of partial or full tuition by the sponsor, for whatever reason, becomes an immediate responsibility of the student.

By checking this box, I certify that I have read the above statement and agree to the terms stated herein and acknowledge my registration and/or enrollment will be withdrawn if I do not comply as requested.

Submit form and non-refundable \$30 fee to:

Reading Hospital School of Health Sciences
Admissions
P.O. Box 16052
Reading, PA 19612

***Checks or money orders payable to RHSHS**

Signature: _____

Date: _____