

**PRESTIGE NURSE AIDE TRAINING ACADEMY
841 EAST 162nd STREET
SOUTH HOLLAND, IL 60473
ADMISSION APPLICATION**

DIALYSIS TECHNICIAN TRAINING PROGRAM

Name: _____ **Date** _____

Address: _____

City _____ **State** _____ **Zip** _____

Date of Birth: _____

Social Security Number: _____

- High School Diploma**
- GED**
- DEGREE (SPECIFY)** _____
- None**

SCHEDULED CLASS TIMES: _____

SCHEDULES CLASS DATES: _____

CONTACT INFORMATION

Phone () _____ **Cell** () _____

Email:

EMERGENCY CONTACT INFORMATION

Name: _____ **Relation:** _____

Phone () _____

The following information is requested by Prestige Nurse Aide Training Academy so we may demonstrate compliance with Federal and State regulations. Your responses will not affect your admission eligibility.

1. Are you Latino/Hispanic?

- Yes
- No

2. Select the categories that best describe you (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

3. Gender

- Female
- Male

4. I have been a resident since

 

Format: mm/dd/yyyy

5. County of residence _____

6. Country of residence _____

Citizenship Status

If not a U.S. citizen, please complete the next four items

7. Citizenship Status Non US Citizen US Citizen

11. Visa Type _____

12. Visa Date 

Format: mm/dd/yyyy

13. Visa Number

Military Service

14. Are you a veteran or in active reserve?

- Yes
- No

15. Branch of military service _____

