

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

**PATIENT CARE TECHNICIAN**

**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

Select One



Non US Citizen

US Citizen

11. Visa Type

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12. Visa Date



Format: mm/dd/yyyy

13. Visa Number

## Military Service

14. Are you a veteran or in the active reserve?

Yes

No

15. Branch of military service

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**PRESTIGE NURSE AIDE TRAINING ACADEMY**

**WAIVER OF RESPONSIBILITY**

I, the undersigned, do agree to assume full and complete responsibility, financial, and otherwise, for injuries or illnesses, loss of income, pain and suffering or any other types of damages while participating in the Phlebotomy Technician Program or Externship. Prestige Nurse Aide Training Academy or its Board of Trustees and/or employees and any cooperating agencies will not be held responsible for any accidents or injuries involved in any practicum training. I am fully informed of the risks involved and that I will be exposed to many types of infectious diseases and injuries, including but not limited to; Herpes Simplex 1 and 2, HIV and AIDS, Resistant Organisms MRSA and VRE, and Hepatitis A, B, and C. This waiver shall extend to each of the above, but not limited to them solely.

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Student Signature

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Date

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Student Name (PRINTED)