

**CHOFFIN CAREER AND TECHNICAL CENTER  
PROFESSIONAL HEALTH CARE PROVIDER ASSISTANT PROGRAM  
APPLICATION FOR ADMISSION**

A \$50.00 fee (non-refundable), must be submitted with application. Make payment in the form of a money order (no personal checks accepted). Payable to Choffin Career and Technical Center (PHCPA).

Choffin Career and Technical Center provides admission to all qualified applicants regardless of race, color, religion, sex, national origin, age, ancestry or handicap that does not interfere with attainment of program objectives.

**PLEASE PRINT:**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Other Names on Transcripts)

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip) (County)

Social Security Number \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_  
(Area Code) (Number)

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

\_\_\_\_\_  
(Name) (Phone) (Relationship)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Encircle only highest numbers of school years completed:

**High School**  
9 10 11 12

**Graduate**  
Yes\_\_\_ No\_\_\_

**G.E.D.**  
Score\_\_\_\_\_

**College**  
1 2 3 4

COMPLETE NAME OF SCHOOL Last High School Attended	School Address (Number, Street, City, State)	Date (Year) Entered	Date (Year) Graduated	Date (Year) Withdrew
	Street Number			
	City, State, Zip Code			
College or Other Education	Street Address			
	City, State, Zip Code			

Grade average in high school: \_\_\_A \_\_\_B \_\_\_C \_\_\_D

School attendance: \_\_\_Good \_\_\_Average \_\_\_Poor If poor, explain \_\_\_\_\_

\_\_\_\_\_



How did you hear about Choffin Career and Technical Center? \_\_\_\_\_

Briefly describe in your own words what a Surgical Technologist does. \_\_\_\_\_

What personal skills and attributes do you possess that will enable you to complete this training? \_\_\_\_\_

**I understand the following statements:**

**Completing an application for admission to Choffin Career & Technical Center does not obligate me or the school in regard to my admission. My application will be submitted for review to the faculty that comprise the Admissions Committee. If I am accepted, I will be notified by the school.**

**Any false information will void this application. If already accepted into the program, immediate dismissal will result. This application will not be considered unless these statements have been read and signed by the applicant.**

**To have the opportunity for required clinical experiences and/or be hired for employment a criminal background check and drug screen may be required.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>TRANSCRIPT:</b>	<b>Requested</b>	<b>Date received</b>
High School	_____	_____
G.E.D.	_____	_____
College	_____	_____
Other	_____	_____

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request that you release to Choffin Career and Technical Center all information both oral or written regarding my records, character, conduct and performance.

I further release you from all liability which may result from furnishing such information.

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(Applicant's Signature)

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(Date of Signature)

Please note: You will not be considered for admission unless this authorization is signed.

*It is the policy of the Youngstown City Schools to offer educational activities, employment practices, programs, and services without regard to race, color, national origin, sex, religion, handicap, or age.*