

Patient Care Technician Application for Admission



Patient Care Technician

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Street Apartment

_____ City State Zip

_____ Home Phone Work Phone Cell Phone

Drivers License Number: _____ Gender: _____

Email address: _____

Have you previously applied and been denied admission to Sumner College: _____

If yes, please provide dates and the name under which you previously applied: _____

Have you previously been enrolled in at Sumner College: ___ Yes ___ No

If yes, please provide dates and the name under which you previously applied: _____

Are you a U.S. Citizen? ___ Yes ___ No Country of Citizenship: _____

* NOTE: If you are not a U.S. Citizen please send a copy of your permanent residency status

When do plan to begin classes: (Month) _____

How did you hear about Sumner College: _____

The following information is a request on a voluntary basis by the Department of Education. Failure to respond will not affect the admission decision.

Ethnic Origin:

___ American Indian or Alaskan Native
___ Other _____

___ Asian or Pacific Islander
___ Black, Non -Hispanic

___ White, Non - Hispanic
___ Hispanic

Referrals

Names of friends/family members who would benefit from a Sumner College educational program. Use another Sheet if necessary.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

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Academic Information

Do you have a physical or learning disability? Yes No

If yes, please describe and list specific accommodations needed to fully benefit from your educational experience.
(attach separate sheet if necessary): _____

Please circle the last year of school completed: 8 9 10 11 12 13 14 15 16 GRAD +

High school/GED: _____

Year Graduated: _____

City, State: _____

College: _____

Years Attended: _____

City, State: _____

College: _____

Years Attended: _____

City, State: _____

Personal References

Name of family member that does not live with you:

Name: _____

Phone: _____

Emergency contact:

Name: _____

Phone: _____

Relationship: _____

Disciplinary History

Have you ever been convicted of or pleaded no contest to a misdemeanor, felony or other crime? (Note: You are not required to include in your answer crimes for which record has been officially sealed, expunged or eradicated by law.) Yes No

Since turning 17, have you ever been expelled, suspended, dismissed from, or placed on probation at any educational institution for any disciplinary violation? Yes No

If you answered YES to either or both questions please provide details and dates on a separate sheet of paper.

I certify that all information I have submitted in this application process, including my application and any supporting materials, are complete, factually correct and honestly represented. I understand that I may be subject to disciplinary action, including but not limited to revocation of my admission or expulsion for providing any false or misleading information.

Non Discriminatory Policy

Sumner College does not discriminate against students or potential students on the basis of race, creed, color, national origin, sex, sexual orientation, marital status, religion, age, disability, citizenship or veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained guide dog or service animal by a person with a disability. The school does not discriminate against a student with a disability who requests a reasonable accommodation in any of its activities, programs, admission policies, academics, advertising, placement or any other services, activities or functions of the college. Sumner College endeavors at all times to be in full compliance with Title IX and the Educational Amendment Act of 1972. Discrimination in any form will not be tolerated by Sumner College, whether by students, staff or faculty and is cause for dismissal. Any person unlawfully discriminated against, as described in ORS 345.240, may file a complaint under ORS 659A.820 with the Commissioner of the Bureau of Labor and Industries.

Student Signature _____

Date _____

Official Use Only

Rep. _____

DOE interview _____

FA _____

Eligible for enrollment _____