

**NASHVILLE COLLEGE OF MEDICAL CAREERS**

1556 Crestview Drive, Madison, TN 37115

**APPLICATION FOR ADMISSION AND PERSONAL DATA RECORD**

This is not a contract. Once your application is reviewed, you will be contacted by the admission office and your obligations will be explained in full.

**INSTRUCTIONS:** State all information clearly and accurately. All information will be held in strict confidence to be used only for determining your aptitude for training.

Date \_\_\_\_\_

**GENERAL**

(Check One) Mr. Mrs. Miss

(Please Print)

Full Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Cell No. \_\_\_\_\_ # of Dependents \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Check One: Single Married Wid. Or Div. Separated

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

Present Occupation \_\_\_\_\_

Phone No. \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_ Relationship

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

**PHYSICAL**

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_

Is your health good? If "No" explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical defects or handicaps? \_\_\_\_\_

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL**

Savings (Branch) \_\_\_\_\_ Checking (Branch) \_\_\_\_\_

How do you plan to finance your education? \_\_\_\_\_

\_\_\_\_\_

Name of parents/next of kin \_\_\_\_\_

If not a parent, relationship \_\_\_\_\_

Their address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_

**CHARACTER**

Do you get along well with people? \_\_\_\_\_

Can you make decisions promptly? \_\_\_\_\_

Do you use alcohol to excess? \_\_\_\_\_ Drugs \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Give name and addresses of two personal references

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Were you referred to this college? \_\_\_\_\_

If "Yes", by whom? \_\_\_\_\_

**EDUCATION**

Do you have a high school Diploma? \_\_\_\_\_ If not, do you agree to secure a high school diploma or G. E. D.

Certificate before entering: \_\_\_\_\_

If you are a High School Senior, what month and year will you graduate? \_\_\_\_\_

Name of High School last attended? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Year \_\_\_\_\_ Major subject: \_\_\_\_\_

High School Counselor \_\_\_\_\_

College, Business College, or special training \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you graduate: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Your favorite subject? \_\_\_\_\_

Your least liked subject? \_\_\_\_\_

Academic Honors received: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

Sports: \_\_\_\_\_

Could you tell us why you chose Nashville College of Medical Careers: \_\_\_\_\_

Do you type? If "yes" WPM \_\_\_\_\_

Please help us determine the effectiveness of our advertising media. What first brought your attention to our college?

- \_\_\_\_\_ High School Counselor
- \_\_\_\_\_ Word of mouth
- \_\_\_\_\_ Mail
- \_\_\_\_\_ Newspaper Advertising
- \_\_\_\_\_ Radio
- \_\_\_\_\_ Television
- \_\_\_\_\_ Other – Specify \_\_\_\_\_

Exhibit – Where \_\_\_\_\_

I would like to start in:

- \_\_\_\_\_ January      \_\_\_\_\_ May      \_\_\_\_\_ September
- \_\_\_\_\_ February      \_\_\_\_\_ June      \_\_\_\_\_ October
- \_\_\_\_\_ March      \_\_\_\_\_ July      \_\_\_\_\_ November
- \_\_\_\_\_ April      \_\_\_\_\_ August      \_\_\_\_\_ December

MORNING \_\_\_\_\_ NIGHT \_\_\_\_\_

Program in which interested:

- \_\_\_\_\_ MEDICAL ASSISTANT
- \_\_\_\_\_ MEDICAL OFFICE SPECIALIST
- \_\_\_\_\_ MEDICAL CODING SPECIALIST

**NASHVILLE COLLEGE OF MEDICAL CAREERS IS ACCREDITED BY THE ACCREDITING COMMISSION OF CAREER SCHOOLS AND COLLEGES.**

Enclosed is \$10 application fee. I understand that should I be accepted by the admissions committee, all monies paid (including the application fee) will be applied against the total tuition cost. I further understand that should my application be rejected, I will be entitled to full refund of all the monies paid. At the time of enrollment, I understand that I will be given a copy of the contract which will fully explain my financial obligation and responsibilities.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of parent (if applicant is a minor)

**FOR OFFICE USE ONLY. DO NOT GO ANY FURTHER.**

Employed at:

Date of employment:

Address:

Phone: