# WONDER HEALTH CAREER INSTITUTE

**17440 FM 529 SUITE 106 A**

**HOUSTON TEXAS 77095**

## MEDICATION AIDE APPLICATION

### Application information

Session Date you want to begin program ______________________________________________

Please check: Morning Session ________________ Evening Session ______________________

How did you hear about us? ________________________________________________________

**Payment Information**
Payment Option A (Pay in full) ______________ B (Payment plan) _______________________

**Student Information**

Application Date ____________ Applicant Name _____________________________________
Date of birth________________ Sex ______ Marital Status _________ SS#______________
Driver's License # _________________ Driver's License State _________________________

Home Phone # _________________________ Cell Phone # ____________________________

Email ____________________________________________________________________________

**Job Information**

Place of employment ____________________________________________________________

Address__________________________________________________________________________

Type of facility ____________________________ Phone No. ___________________________

Job title ________________________ Nurse Aide Certification No.______________________

Name of Director of Nursing _______________________________________________________

**Permanent Address**

Street Address __________________________________________________ Appt # _________

City/Town ___________________________ State _________________ Zip code ____________

**Current Address**

*Please give your current address for all admission correspondence, if different from above*

Street Address __________________________________________________ Appt # _________

City/Town ___________________________ State _________________ Zip code ____________

**Citizenship**

Place of birth ___________ City/Town ____________ State _________ Country ____________

US Citizen _________ Permanent Resident ________ Alien registration # ________________

Other Citizenship ______________________________________________________________

**Ethnicity**

Race /ethnicity information is optional. Information you provide will not be used in a discriminatory manner

Are you a Hispanic or Latino? Yes ____ No _____

How would you describe your Racial background (select one or more of the categories)

__________ Asian

__________ Black or African American

__________ American Indian or Alaska Native

__________ Native Hawaiian (or other Pacific Islander)

__________ White

**Academic information**

Type of school attended: Public ______ Private __________ Other ____________________

Are you currently enrolled in School? Yes ____ No _____

Will/did you graduate from High school early _____________________

Did you receive GED? Yes _____ No ______

If yes list date ____________________ (pls send official scores)

Other high schools: Date attended Location

___________________ __________________________________

___________________ __________________________________

Other college/Universities: Date attended Location

_____________ __________________________________

_____________ __________________________________

**Emergency Contact**

Name _____________________________ Sex __________ Phone _____________________

Address _____________________________________________________________________

Employer ___________________ Address _______________________________________

Phone # ____________________ Work phone # ____________________________________

Signature of Applicant Date

____________________ ____________________________

**CRIMINAL BACKGROUND INFORMATION**

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? Yes _____ No ______

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

**BACKGROUND CHECK AUTHORIZATION**

I certify that information contained in this application is correct to the best of my knowledge. I understand that any misleading information contained in this application may result in dismissal from the program. I confirm all information in this application (including any supplemental information) is factually true and honestly presented and that you consent to criminal history background check.

Name of Student: ______________________________

Signature of Student: ______________________________

Date: ______________________________

**MEDICAL & CRIMINAL RECORDS RELEASE AUTHORIZATION FORM**

I, __________________________________________, hereby, authorize Wonder Health Career Institute to release copies of my medical records, including results of my criminal background and drug test to personnel and officials of School, the Clinical sites or Externship sites, if applicable, for the purpose of determining my eligibility for registration, and/or to qualify to perform my clinical or Externship requirements at their facility.

Name of Student: ______________________________

Signature of Student: ______________________________

Date: ______________________________