



## Health IT (Information Technology) Workforce Program Application for Admission

### **A. BACKGROUND INFORMATION:**

Name: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Former last name(s): \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Number and Street or P.O Box#) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Email address (not sunysuffolk.edu) \_\_\_\_\_

Telephone number(s): Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Male  Female

Are you currently participating in any of the following programs?

TANF  Food Stamps  Aid to the Blind or Totally Disabled  Refuge Cash Assistance Other, Specify \_\_\_\_\_

Please select your ethnic/racial group:

White, Non-Hispanic  Black/African-American  Hispanic/Latino  Asian  
 American Indian/ Alaska Native  Native Hawaiian/other Pacific Islander

Have you ever served in the U.S Armed Forces?  Yes  No

Have you ever been suspended, dismissed or expelled from college for disciplinary reasons?  Yes  No (required)

Have you ever been convicted of a crime?  Yes  No (required)

### **B. RESIDENCY/CITIZENSHIP INFORMATION:**

Resident of Long Island for prior 6 months  Yes  No (Specify State) \_\_\_\_\_ (required)

Country of citizenship  United States  Other (Specify) \_\_\_\_\_

### **C. EDUCATION**

HS Diploma/GED  Some College  Associate Degree  Bachelor's Degree  Master's Degree  Doctoral Degree

College(s) \_\_\_\_\_ Major(s) \_\_\_\_\_

### **D. Employment**

Are you currently employed:  Yes  No How Long Unemployed \_\_\_\_\_

If YES, are you employed in:  Health IT  IT  Healthcare  Other \_\_\_\_\_

### **E. Industry Certificate/License: (Check all that apply)**

A+  Network+  Security+  RHIA  RHIT  LPN  RN  MD  NP  PA  OT

Other (list): \_\_\_\_\_

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For Office Use Only: CRN # \_\_\_\_\_

Student ID# \_\_\_\_\_ Intake Date \_\_\_\_\_ Completion Date \_\_\_\_\_