



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 Refugee 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): _____

For Office Use Only: CRN # _____

Student ID# _____ Intake Date _____ Completion Date _____