



Intake Form for Classes – Document must be completed

1. Please circle your area of interest? CNA EKG PCT Phlebotomy

2. Why are you interested in healthcare?

3. How did you hear about Innovative Healthcare Institute?

4. Are you willing and dedicated to study 10 or more hours per week outside of class time?
 a. Yes b. No

5. Do you have reliable transportation? Yes No

6. Do you have childcare restraints that would prohibit you from attending class?
 a. Yes b. No

7. Are your children in daycare? Yes No If so, where: _____

8. Are you willing to work for at least a year fulltime upon completion of the program? YES NO

9. Are you in need of tuition assistance to enroll in any of our programs? YES NO

10. Are you employed? Yes No

 If yes, where are how many hours do you work per week. If employed please supply us with a check stub.
 a. Where employed _____ b. Hours work per week _____

11. How many children do you have that live with you? _____

Student Name: _____ Signature _____

Office Only: Date: _____ Verified by: _____

Circle and date all items received:

Driver's License	Social Security Card	Back Ground Check	Drug Screen	Check Stub