



**Academy for Healthcare Innovation
Student Application Form**

We are committed to supporting you throughout the application process. If you have any questions or need assistance, please contact us at admissions@ahihawaii.org.

Boxed sections with an asterisk (*) indicate required fields.

PROGRAM

*Please select the program you are applying to.

- Medical Assistant
- Nurse Aide
- Surgical Instrument Processing Technician
- Surgical Technologist

STUDENT INFORMATION

Personal Information

*Legal Name:

Enter name exactly as it appears on official documents.

First/Given

Middle

Last/Family/Sur

Suffix

*Preferred Name:

(Nickname)

*Former Name(s):

First/Middle/Last

*Date of Birth:

mm/dd/yyyy

*SSN:

*Sex:

- Male
- Female
- Other

*Marital Status:

- Never Married
- Married
- Separated
- Civil Union / Domestic Partners
- Divorced
- Widowed

Contact Information

*Preferred Phone:

Include area/country/city code

Home

Mobile

Alternate Phone:

Include area/country/city code

Home

Mobile

*Email Address:

*Permanent Home Address:

Number and street

Apartment number

City

State/Province

ZIP/Postal Code

Country

Alternate Mailing Address:

Number and street

Apartment number

City

State/Province

ZIP/Postal Code

Country

Academy for Healthcare Innovation Student Application Form

DEMOGRAPHICS

*Citizenship Status: US Citizen or US National US Dual Citizen US Permanent Resident
 US Refugee or Asylee Other (Non-US)

Non-US Citizenship(s): _____

Currently Held US Visa Type: _____

Date Issued: _____
mm/dd/yyyy

Birthplace: _____
Country/Region/Territory *City* *State/Province*

Years Lived in the US: _____ Years Lived Outside the US: _____

Language Proficiency:	<i>First Language</i>	<i>Speak</i>	<i>Read</i>	<i>Write</i>	<i>Spoken at Home</i>
<i>(Check all that apply)</i>					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Demographics

Information you provide in this section is not used in a discriminatory manner.

*US Armed Forces Status: Active Duty Reserve Veteran
 Retired Dependent

*Service Start Date: _____ *Actual or Projected Service End Date: _____
mm/dd/yyyy *mm/dd/yyyy*

*Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> White | <input type="checkbox"/> Guamanian/Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese) | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Micronesian (Ex. Chuukese, Marshallese, Pohnpeian) | <input type="checkbox"/> Other Pacific Islander |

*Are you Hispanic/Latinx (including Spain)? Yes No

If yes, please describe your background. _____

Academy for Healthcare Innovation Student Application Form

FAMILY

Household

*With whom do you make your permanent home? Self/Own Family Ward of the Court/State
 Parent(s) Other: _____
 Legal Guardian

*If you have children, how many? _____

Emergency Contact

*Relationship: _____

*Legal Name: _____
Enter name exactly as it appears on official documents.

<i>First/Given</i>	<i>Middle</i>	<i>Last/Family/Sur</i>	<i>Suffix</i>
--------------------	---------------	------------------------	---------------

*Former Last/Family/Surname: _____

*Address: _____
(Only if different from yours)

<i>Number and street</i>	<i>Apartment number</i>
_____ <i>City</i>	_____ <i>State/Province</i>
_____ <i>ZIP/Postal Code</i>	_____ <i>Country</i>

*Preferred Phone: _____
Include area/country/city code

Home Mobile Work Other

Parent Information

Parent 1
 Mother Father

Parent 2
 Mother Father

Occupation: _____
(Former, if retired) *Employer/Position*

Occupation: _____
(Former, if retired) *Employer/Position*

College Attended: _____

College Attended: _____

Degree: _____

Degree: _____

Year: _____

Year: _____

College Attended: _____

College Attended: _____

Degree: _____

Degree: _____

Year: _____

Year: _____

Academy for Healthcare Innovation Student Application Form

EDUCATION

<p>*Highest level of education achieved: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College</p> <p style="text-align: right;"><input type="checkbox"/> College Graduate <input type="checkbox"/> Other: _____</p>
<p>Secondary/High School</p> <p>*Current or most recent secondary/high school: _____</p> <p>*Entry Date: _____ *Graduation/Exit Date: _____</p> <p style="text-align: center; font-size: small;">mm/dd/yyyy mm/dd/yyyy</p> <p>*School Address: _____</p> <p style="text-align: center; font-size: small;"><i>Number and street</i></p> <hr/> <p style="text-align: center; font-size: small;">City State/Province ZIP/Postal Code Country</p>

Please list any other secondary/high schools you have attended.

School Name	Location <i>City, State/Province, ZIP/Postal Code, Country</i>	Dates Attended <i>mm/yyyy - mm/yyyy</i>
-------------	---	--

Colleges and Universities

List all colleges you have taken coursework. Includes dual enrollment with high school (DE), summer program (SP), or credit awarded directly by college (CR).

College Name	Location <i>City, State/Province, ZIP/Postal Code, Country</i>	DE	SP	CR	Dates Attended <i>mm/yyyy - mm/yyyy</i>	Degree Earned
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Academy for Healthcare Innovation Student Application Form

TESTING

If you have ACT and/or SAT scores, you may provide them here. These are not required for entry.

ACT

Exam Dates: _____
Past & Future *mm/dd/yyyy* *mm/dd/yyyy* *mm/dd/yyyy*

Highest Scores:

	Score	Date <small>(mm/dd/yyyy)</small>		Score	Date <small>(mm/dd/yyyy)</small>
Composite			Reading		
English			Science		
Math					

SAT

Exam Dates: _____
Past & Future *mm/dd/yyyy* *mm/dd/yyyy* *mm/dd/yyyy*

Highest Scores:

	Score	Date <small>(mm/dd/yyyy)</small>
Evidence-based Reading and Writing		
Math		
Combined Essay		

ACTIVITIES

Extracurricular Activities

Please list your extracurricular activities below, including the activity, approx. hours/week, positions held, honors won or letters earned.

Work Experience

Are you currently employed? Yes No
If yes, please complete the section below.

Position: _____

Current Employer: _____

Years Employed: _____

Approximately how many hours per week do you work? _____

Academy for Healthcare Innovation Student Application Form

TELL US ABOUT YOURSELF

Please answer the following questions. Each short response should not exceed 100 words.

*What are your career goals within the health care field?

*What characteristics do you have that would contribute to your success in the program?

*Why is working in health care important to you?

Academy for Healthcare Innovation Student Application Form

SIGNATURE

*I certify that all information submitted in the admissions process - including this application and any other supporting materials - is my own work, factually true, and honestly presented, and that these documents will become the property of the institution to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree should the information I have certified be false.

*Signature: _____

*Date: _____

mm/dd/yyyy

For Medical Assistant, Nurse Aide, and Surgical Instrument Processing Technician program applicants, please submit this completed Application Form and your Official High School Transcript or equivalent to admissions@ahihawaii.org. If you are applying to the Surgical Technologist program, the completed Application form and proof of an Associate's Degree at minimum will need to be submitted to admissions@ahihawaii.org.

Other Application Requirements:

1. Student Evaluation - We want to learn more about you through the perspective of someone who has seen your work ethic and abilities firsthand, such as a former teacher or previous employer. All responses will remain confidential. The PDF can be found on our website ahihawaii.org on the Admissions page and evaluators can email their responses to admissions@ahihawaii.org directly.
2. Interview (Program Dependent)
 - a. Interviews will be required for students applying to the Surgical Technologist Program
 - b. No interviews are required for Medical Assistant, Nurse Aide, and Surgical Instrument Processing Technician Programs.

If you have any questions or need assistance, please contact us at admissions@ahihawaii.org.