



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

In operating a school, Academy for Healthcare Innovation (AHI) shall admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. AHI does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and all other school-administered programs.

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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: First
Language Speak Read Write Spoken at
Home
 (Check all that apply)

	<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: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Dependent	
*Service Start Date: _____ mm/dd/yyyy	*Actual or Projected Service End Date: _____ 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"/> Micronesia (Ex. Chuukese, Marshallese, Pohnpeian) <input type="checkbox"/> Other Pacific Islander	
*Are you Hispanic/Latinx (including Spain)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your background. _____	

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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.

First/Given

Middle

Last/Family/Sur

Suffix

*Former Last/Family/Surname: _____

*Address:

(Only if different from yours)

Number and street

Apartment
number

City

State/Province

ZIP/Postal Code

Country

*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

*Highest level of education achieved: ☐ GED ☐ High School ☐ Some College
☐ College Graduate ☐ Other: _____

Secondary/High School

*Current or most recent secondary/high school: _____

*Entry Date: _____ *Graduation/Exit Date: _____
mm/dd/yyyy mm/dd/yyyy

*School Address: _____
Number and street

City State/Province ZIP/Postal Code Country

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"/>		

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

SAT

Exam Dates:

Past & Future

mm/dd/yyyy

mm/dd/yyyy

mm/dd/yyyy

Highest Scores:

	Score	Date (mm/dd/yyyy)
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?

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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.

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