



## ASHS PROGRAM APPLICANT CHECKLIST

This checklist includes important steps that must be completed to be eligible for admission into the ASHS Program. If you have any questions, our staff will be happy to assist you. The steps on this checklist must be completed and returned by their listed due dates.

### STEP 1 – ACCEPTANCE PACKET DUE: [DECEMBER 1, 2019](#)

- COMPLETE** and **RETURN** Program Reservation Form
- SUBMIT** \$100 Reservation Fee
- COMPLETE** and **RETURN** Demographic Form

### STEP 2 – ENTRANCE REQUIREMENTS DUE: [DECEMBER 15, 2019](#)

- Two-step TB (Tuberculosis) test**
  - Documentation of two-step TB skin test – followed by one-step every year after
    - This test involves 2 injections and 2 reads
    - 7-21 days apart
  - You may obtain these tests free of charge through the Aultman College Health Services Nurse; their phone number is 330-363-9371. If you do not have the area checked within the time frame or are non-compliant with any component of the two-step TB and it has to be repeated, a \$15 per step fee will be charged.



## SPRING 2020

### ASSOCIATE OF SCIENCE IN HEALTH SCIENCES PROGRAM RESERVATION FORM

If you accept admission into the ASHS Program, please complete and return this form along with the \$100 non-refundable reservation fee. The reservation fee is required to hold your seat in the program for the semester. **The reservation form will not be accepted without the reservation fee.**

Payment may be made by:

- A check payable to Aultman College
- A credit card in the main office or over the phone at 330-363-6347
- Cash

Return to: AULTMAN COLLEGE  
ATTN: ADMISSIONS  
2600 SIXTH STREET SW  
CANTON, OH 44710

**FORMS & FEE MUST BE RETURNED BY:**  
**DECEMBER 1, 2019**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**ACCEPTING PROGRAM ADMISSION**

\_\_\_\_\_ I **accept** admission.

**DECLINING PROGRAM ADMISSION**

\_\_\_\_\_ I **decline** admission. Please let us know why you are declining admission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



DEMOGRAPHIC FORM

NAME: (LAST) (FIRST) (MIDDLE INITIAL) (PREVIOUS NAMES)
ADDRESS: (NUMBER & STREET) (APT. NO.) (CITY) (STATE) (ZIP) (COUNTY)
TELEPHONE: EMAIL:

DATE OF BIRTH: (MM/DD/YYYY) SOCIAL SECURITY NUMBER: (###-##-####) DID YOU FILE A FAFSA? YES NO I PLAN TO
RACE: WHAT IS YOUR RACE? SELECT ONE CATEGORY TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.
GENDER: MALE FEMALE OTHER MARITAL STATUS: SINGLE MARRIED OTHER
EMERGENCY CONTACT PERSON: (NAME/RELATIONSHIP) (TELEPHONE)

ARE YOU A VETERAN: NO YES PLEASE SELECT WHICH BRANCH OF THE MILITARY YOU HAVE SERVED IN, IF ANY? ARMY NAVY AIR FORCE MARINES COAST GUARD

HIGHEST LEVEL OF EDUCATION COMPLETED: CURRENT HIGH SCHOOL STUDENT TECH PREP PROGRAM BACHELOR'S DEGREE
HIGH SCHOOL DIPLOMA 1 YEAR OR LESS OF COLLEGE MASTER'S DEGREE
GED / HIGH SCHOOL EQUIVALENCY 2 YEARS OR MORE OF COLLEGE DOCTORATE DEGREE
NON-HIGH SCHOOL GRADUATE 4 YEARS OR MORE OF COLLEGE CERTIFICATION/LICENSE
PLEASE INDICATE ANY CERTIFICATION(S) OR LICENSE(S) YOU CURRENTLY HOLD THAT MIGHT PERTAIN TO HEALTH CARE:
ARE YOU A FIRST-GENERATION COLLEGE STUDENT? ARE YOU AN AULTMAN HEALTH FOUNDATION EMPLOYEE?

STUDENT'S SIGNATURE

DATE