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: APRIL 1, 2020

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

STEP 2 – ENTRANCE REQUIREMENTS DUE: APRIL 15, 2020

- ☐ **Two-step TB (Tuberculosis) test**
  - o 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
  - o 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.

SUMMER 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:
APRIL 1, 2020

_____
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 _____

AULTMAN COLLEGE

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.

- ☐ NON-RESIDENT ALIEN
- ☐ HISPANIC
- ☐ BLACK OR AFRICAN AMERICAN, NON-HISPANIC
- ☐ WHITE, NON-HISPANIC
- ☐ AMERICAN INDIAN OR ALASKA NATIVE, NON-HISPANIC
- ☐ ASIAN, NON-HISPANIC
- ☐ NATIVE HAWAIIAN OR ANOTHER PACIFIC ISLANDER
- ☐ TWO OR MORE RACES, NON-HISPANIC
- ☐ UNKNOWN

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
- ☐ HIGH SCHOOL DIPLOMA
- ☐ GED / HIGH SCHOOL EQUIVALENCY
- ☐ NON-HIGH SCHOOL GRADUATE
- ☐ TECH PREP PROGRAM
- ☐ 1 YEAR OR LESS OF COLLEGE
- ☐ 2 YEARS OR MORE OF COLLEGE
- ☐ 4 YEARS OR MORE OF COLLEGE
- ☐ BACHELOR'S DEGREE
- ☐ MASTER'S DEGREE
- ☐ DOCTORATE DEGREE
- ☐ 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?

☐ YES
☐ NO

*A FIRST-GENERATION COLLEGE STUDENT IS THE FIRST IN HIS/HER FAMILY (MOTHER, FATHER, OR SIBLINGS) TO COMPLETE A COLLEGE EDUCATION.

ARE YOU AN AULTMAN HEALTH FOUNDATION EMPLOYEE?

☐ YES, IN _____
☐ NO

_____ _____

STUDENT'S SIGNATURE **DATE**

2600 Sixth Street S.W. • Canton, Ohio 44710-1799
330-363-6347 • www.aultmancollege.edu