ST. ELIZABETH HEALTHCARE SCHOOL OF MEDICAL TECHNOLOGY
ONE MEDICAL VILLAGE DRIVE EDGEWOOD, KENTUCKY 41017
859-301-2417

APPLICATION FOR ADMISSION

Name: _____
Last First Middle

Present Address_____

Permanent Address_____

Daytime phone _____ Evening phone _____

Social Security No._____ Date of Birth _____

List all colleges attended. Official transcripts from each college must be submitted with application.

Institution	Location	Dates	Major

Activities and Honors:

_____
_____
_____

References (Academic References are Preferred):

Name	Address	Phone Number

Previous Employment History – Please Submit a Resume

Name/Location	Position	Dates

Requesting Admission for (Year): _____

St. Elizabeth Healthcare does not provide free medical care. Are you covered by some type of hospitalization insurance? _____

St. Elizabeth Healthcare will not discriminate against any student because of age, sex, race, creed, physical challenges, or national origin. However, certain academic criteria must be met prior to consideration for admission into the School of Medical Technology.