



Patient Care Technology/Medical Assisting Program Application Form

Please email completed application to sherry.bowman@tcatdickson.edu

CAMPUS:

- Dickson location (740 Highway 46, Dickson, TN 37055)
Clarksville location (135 International Blvd., Clarksville, TN 37040)

STUDENT INFORMATION

PLEASE PRINT LEGIBLY

NAME: Last First Middle Maiden
ADDRESS: Street Name and Number City State Zip
PHONE: Home Work EMAIL:
DATE OF BIRTH:

DEMOGRAPHIC INFORMATION

GENDER Male Female ETHNICITY Hispanic or Latino Not Hispanic or Latino
RACE Alaska Native American Indian Asian Black/African American White Native Hawaiian/Pacific Islander
CITIZENSHIP US Citizen Nonresident Alien Perm. Resident Alien/Asylee Refugee Resident Alien Reclassification in Progress
VETERAN Yes No
All male US citizens and non-citizens who take up residency in the United States of America before their 26th birthday must register with Selective Service prior to registering for classes. This requirement does not apply to veterans and others exempt by federal law.
Have you registered for the United States Selective Service? Yes No
If you are not registered for selective service, is it because you are one of the following categories: female, active duty in armed services, male over 26 years of age, not yet 18 years of age, born before 1960, Permanent Resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands? Yes No
Exemption Reason (Turn in Documentation to Student Services)

EDUCATION (OFFICIAL TRANSCRIPT WILL BE REQUIRED)

High School Graduation Date
or
GED Completed: Date
Are you currently licensed as a CNA in the state of Tennessee? Yes No
If yes, what is the license number?
Have you taken the HESI Admission Assessment with TCAT Dickson? Yes No
If yes, what was the approximate date?

\*Additional application requirements must be met for consideration.

I understand that giving false information or withholding information requested in this application may make me ineligible for admission to or continuation in the Patient Care Technology/Medical Assisting program at Tennessee College of Applied Technology - Dickson. With this in mind, I certify that all the statements on this application are correct and complete.

Signature of Applicant

Date