The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the 'hand' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane Community College HEET PROGRAM STUDENT INTAKE FORM

Last name	First name	MI
Address		
City	State	ZIP
Phone 1	Phone 2	
E-mail	Social Security no.	
Employer	Position	
☐ Full time ☐ Part time Supervisor		
Supervisor phone	Supervisor e-mail	
CAREERS OF INTEREST (check a		
□ Cardiovascular Technology (Invasive) □ Cardiovascular Technology (Noninvasive) □ Dental Assisting □ Dental Auxiliary, Expanded Function □ Diagnostic Medical Sonography □ Emergency Medical Technician (Paramedic) □ Emergency Medical Technician B Have you completed 45 or more college of the Name of last high school attended City □ Did you graduate? □ Yes Year □ Have you successfully completed the Graduate of the Graduat	☐ Health Information Technology ☐ Health Record Clerk ☐ Health Unit Coordinator ☐ Massage Therapy ☐ Medical Assistant ☐ Nursing (RN, LPN) ☐ Outpatient Medical Coder credits? ☐ Yes ☐ No ☐ State Years attend ☐ No Highest grade level consider the constant of the c	ded: From To pmpleted Year No
Have you ever attended Spokane Common If yes, last year attended Spokane Falls of the Have you ever attended Spokane Falls of the Student Spokane Falls of the College, vocational or technical second you graduate? Other college, vocational or technical second you graduate? Other college, vocational or technical second you graduate?	chool attended No Chool attended Chool attended Chool attended Chool attended Chool attended Chool attended	ded: From
Did you graduate?		