

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 all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiovascular Technology (Invasive)     | <input type="checkbox"/> Health Information Technology | <input type="checkbox"/> Pharmacy Technician    |
| <input type="checkbox"/> Cardiovascular Technology (Noninvasive)  | <input type="checkbox"/> Health Record Clerk           | <input type="checkbox"/> Radiology Technology   |
| <input type="checkbox"/> Dental Assisting                         | <input type="checkbox"/> Health Unit Coordinator       | <input type="checkbox"/> Respiratory Care       |
| <input type="checkbox"/> Dental Auxiliary, Expanded Function      | <input type="checkbox"/> Massage Therapy               | <input type="checkbox"/> Surgical Technology    |
| <input type="checkbox"/> Diagnostic Medical Sonography            | <input type="checkbox"/> Medical Assistant             | <input type="checkbox"/> Vision Care Technology |
| <input type="checkbox"/> Emergency Medical Technician (Paramedic) | <input type="checkbox"/> Nursing (RN, LPN)             | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Emergency Medical Technician B           | <input type="checkbox"/> Outpatient Medical Coder      | <input type="checkbox"/> Undecided              |

Have you completed 45 or more college credits?  Yes  No

**Name of last high school attended** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years attended: From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate?  Yes Year \_\_\_\_\_  No Highest grade level completed \_\_\_\_\_

**Have you successfully completed the GED test?**  Yes Date earned: Month \_\_\_\_\_ Year \_\_\_\_\_  No

Where did you earn your GED? School or organization name \_\_\_\_\_

**Have you ever attended Spokane Community College?**  Yes  No

If yes, last year attended \_\_\_\_\_ Student identification number (SID)    -   -

**Have you ever attended Spokane Falls Community College?**  Yes  No

If yes, last year attended \_\_\_\_\_ Student identification number (SID)    -   -

**Other college, vocational or technical school attended** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years attended: From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate?  Yes Year \_\_\_\_\_  No

**Other college, vocational or technical school attended** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years attended: From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate?  Yes Year \_\_\_\_\_  No