



ACADEMIC INSTITUTE

1230 Park Avenue, Amherst, Ohio 44001
Phone: 419.626.6161 x 4020
Fax: 419.502.3627
OH SBCCS Registration Number 2253

Application for Admission

Please return application to NOMS Allied Health Education Department 1230 Park Avenue Amherst OH, 44001
Or email to Glenn Hickman at ghickman@nomshealthcare.com

There is no fee for application and processing

Personal Information:

Name: _____
First Middle Last

Date of Birth: _____
MM/DD/YYYY

Former Name/Maiden Name: _____

Home Phone/Cell Phone: _____

Preferred Pronouns: _____

Address: _____

Email: _____

Have you ever been convicted of a felony? Yes No
(if yes please attach an explanation. Please be advised in some cases sealed or expunged records may be considered for acceptance into some occupational programs)

Have you ever been convicted of, pleaded guilty to, or had a judicial finding of guilt for a misdemeanor of moral turpitude? Yes No

Are you currently under indictment for a felony or misdemeanor Involving moral turpitude? Yes No

Are you a United States Citizen? Yes No

If no what is your current country of citizenship? _____

Do you have Immigrant Status? Yes No

Program Choice:

Medical Assistant Program

Certified Professional Coder Program w/o Med Term/A&P

(For the CPC Program without Medical Terminology and A&P
A transcript or proof of prior course taken must be submitted and on file)

Certified Professional Coder Program w/ Med Term/A&P

Education History:

Do you have or will you have completed the following prior to the start of the Program

High School Diploma
GED

Name of High School Attended: _____

or

City and State GED was obtained: _____

Have you attended programs with NOMS Allied Health Education Department before? Yes No
If yes, did you complete the program attended? Yes No

If you have attended any other college or Adult Education Institution, please list all other schools attended:

School Name	Years Attended	Completion Date/Degree or Certification Obtained

Official transcripts are required for any student interested in receiving credit for a previously taken course if applicable.

How did you hear about NOMS Allied Health Education Department?

Signature: _____ Date: _____

I understand that I am responsible for submitting complete and accurate information on my application form and in all related application materials. I certify that the information contained in this application form and all application materials are complete and accurate, and I understand that submission of inaccurate information by me or at my direction may be sufficient cause for terminating my enrollment. I understand that I am required to notify NOMS Education Department if any of the information provided on this application for admission changes after submission. NOMS Allied Health Education Department reserves the right to alter terms of admission, up to and including revocation of the admission offer, if necessary.

NOMS Allied Health Education Department reserves the right to alter the start date or cancel a program due to enrollment numbers up to one week before the scheduled start date of any program.