



# ALLIED HEALTH EDUCATION DEPARTMENT

## 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](mailto:ghickman@nomshealthcare.com)

There is no fee for application and processing

### Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last 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.**