

**SUFFOLK COUNTY COMMUNITY COLLEGE**  
**Health IT (Information Technology) Workforce Program**  
**Application for Admission**

**A. BACKGROUND INFORMATION**

1. **Name:** \_\_\_\_\_  
(Last) (First) (MI)
2. **Former last name(s):** \_\_\_\_\_
3. **Address:** \_\_\_\_\_  
(Number and Street or P.O. Box #) (City) (State) (Zip Code)
- Email address (not sunysuffolk.edu)** \_\_\_\_\_
4. **Telephone number (s):** Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_
5. **Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
6. **Gender:**  Male  Female
7. **Please select your ethnic/racial group:**  
\_\_\_\_ White, Non-Hispanic \_\_\_\_ Hispanic/Latino \_\_\_\_ Black/African-American \_\_\_\_ Asian  
\_\_\_\_ American Indian/ Alaska Native \_\_\_\_ Native Hawaiian/other Pacific Islander
- 7b. **if you checked Hispanic/Latino origin in question 7b. Please indicate which of the following best describes your**  
**Hispanic/Latino Heritage:**  Cuban  Mexican  Dominican  Puerto Rican  
 Central American  South American  Other Hispanic/Latino
8. **Veteran of U.S. Armed Forces:**  Yes  No
9. **Have you ever been convicted of a felony?**  Yes  No (required)
10. **Have you ever been suspended, dismissed or expelled from college for disciplinary reasons?**  Yes  No (required)

**B. RESIDENCY/CITIZENSHIP INFORMATION:**

11. **Resident of New York state for prior 12 months:**  Yes  No (specify state) \_\_\_\_\_ (required)
12. **Resident of Suffolk county for prior 6 months:**  Yes  No (specify county) \_\_\_\_\_ (required)
13. **Country of citizenship:**  United States  Other (Specify) \_\_\_\_\_

**C. EDUCATION**

\_\_\_\_ HS Diploma/GED \_\_\_\_ Some College \_\_\_\_ Associate Degree \_\_\_\_ Bachelor's Degree

\_\_\_\_ Master's Degree \_\_\_\_ Doctoral Degree

**College(s)** \_\_\_\_\_ **Major(s)** \_\_\_\_\_

- D. **Are you currently employed?** \_\_\_\_ Yes \_\_\_\_ No  
**If YES, are you employed in:** \_\_\_\_ Health IT \_\_\_\_ IT \_\_\_\_ Healthcare \_\_\_\_ other?

**List Current Position:** \_\_\_\_\_

**E. Industry Certificate/ License (check all that apply):**

\_\_\_\_ A+ \_\_\_\_ Network+ \_\_\_\_ Security+ \_\_\_\_ RHIA \_\_\_\_ RHIT \_\_\_\_ LPN \_\_\_\_ RN \_\_\_\_ MD \_\_\_\_ NP \_\_\_\_ PA \_\_\_\_

**Other (list):** \_\_\_\_\_

*For Office Use Only:*

**Enrolled**  **Enrollment Date** \_\_\_\_\_ **Enrollment Status:** Part-time  **line**

**Role** \_\_\_\_\_ **Completion Date** \_\_\_\_\_