



APPLICATION FOR ENROLLMENT

Students of the Florida Institute of Complementary and Alternative Health and applicants for enrollment shall be afforded equal opportunities in all aspects without regards to race, color, religion, political affiliation, sexual orientation, national origin, disability, marital status, gender or age.

PERSONAL INFORMATION

DATE:

NAME:		SOCIAL SECURITY # :XXXXXXXXXX	
PRESENT ADDRESS:		DATE OF BIRTH:	
CITY:		STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	REFERRED BY:	
CERTIFICATION OF INTEREST		DATE YOU CAN START:	
EMAIL ADDRESS:			

EDUCATION:

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			
COLLEGE:			
GRADUATE/ PROFESSIONAL SCHOOL:			
IF YOU EXPECT TO COMPLETE AN EDUCATIONAL PROGRAM IN THE NEAR FUTURE, INDICATE WHAT TYPE OF PROGRAM AND EXPECTED COMPLETION DATE:			

CURRENT EMPLOYMENT

JOB TITLE:	COMPANY:	SUPERVISOR:
ADDRESS:	CITY, STATE, ZIP:	PHONE #:
DUTIES AND RESPONSIBILITIES:		
DATES OF EMPLOYMENT:		



LICENSE/ CERTIFICATIONS:

TYPE	LICENCE/ CERTIFICATION #	EXPIRATION DATE	GRANTED BY

REFERENCES: (List names, addresses, and relationships of three persons not related to you)

NAME	ADDRESS	PHONE	RELATIONSHIP

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

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CERTIFICATION BY THE FLORIDA CERTIFICATION BOARD MAY BE WITHHELD IF YOU HAVE A CRIMINAL RECORD:

Please advise us of any information related to criminal background in the past 5 years so that we may advise you properly.

I certify that my answers are true and complete to the best of my knowledge and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any enrollment with The Academy for Addiction Professionals. I understand that all information on this application is subject to verification. I also consent to references, employers and educational institutions listed, being contacted regarding this application.

Applicant Signature

Date

FOR INSTITUTE USE ONLY: _____

***You may add any additional information on the back of the page**