

# Institute of Health Sciences

**Quality Education. Lifetime Opportunity.**

## **Application for Admission**

Please print out the attached application form and complete all applicable details.

**Fax to:** 410.821.9624

- or -

**Mail to:** Institute of Health Sciences  
1300 York Road, Suite 190D  
Timonium, Maryland 21093

Upon receipt, your application will be reviewed and you will be contacted to complete the process.

# Institute of Health Sciences

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## Application for Admission

Name:	_____
	Last                                    First                                    Middle                                    Maiden
Address:	_____
	_____
	City                                    State                                    Zip Code
Phone Number:	_____
	Work                                    Home                                    Cell
Social Security Number:	_____
DOB:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address:	_____
Fax #:	_____

I wish to enroll (check one)
<input type="checkbox"/> Fall Semester
<input type="checkbox"/> Spring Semester
<input type="checkbox"/> Summer Session

**Educational Experience:** (List the high schools and all other colleges you have attended. All transcripts should be sent to the Institute of Health Sciences)

High School/College	Location	Dates Attended	Graduated (Yes/No) If yes, list major

**Employment History:**

Place of Employment	Dates of Employment	Position(s) Held

Please answer the following questions and check the appropriate box.

Are you currently working in healthcare?  Yes  No Which department? \_\_\_\_\_ Yrs. of Experience: \_\_\_\_\_

Do you have a clinical site where you can perform the clinical practicum portion of the program?  Yes  No  
(This is a requirement for acceptance into the on-line course) If yes please list name of site and supervisor's name and contact information below:

Clinical Site: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Supervisors: \_\_\_\_\_ Credentials: \_\_\_\_\_ Email: \_\_\_\_\_

What types of procedures are performed in this department? (Check all that apply)

EEG  EP  PSG  IOM  Other: \_\_\_\_\_

In order to determine if you are ready to take an on-line course we ask that you answer the following questions.

1. Do you have an interest in on-line learning and the need for the convenience of distance learning?

Yes  No

2. Do you have basic computer literacy skills? (e.g., you should be comfortable sending and receiving e-mails, sending and opening e-mail attachments, downloading files, and posting your comments through e-mail or live chat.)  Yes  No

3. Do you have a commitment to keep up with the course schedule and assignment due dates during the semester?  Yes  No

4. Are you an independent learner and self-motivated?  Yes  No

To further determine if on-line learning is for you, go to the Institute of Health Sciences Website: <http://Instituteofhealthscience.org> You can click on "Student Portal". This will give you a general overview. Good Luck and please feel free to contact the Institute of Health Sciences with any questions.

### Applicant's Statement

I hereby apply for admission to the Institute of Health Sciences Electroneurodiagnostic Technology program. I agree to abide by school policies. I certify that the information contained in this application is true and complete to the best of my knowledge and fully realize that omission or falsification of information will be sufficient reason for rejection of this application or for dismissal.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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