



**WORLD OUTREACH  
MEDICAL INSTITUTE**

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4650 MEMORIAL DRIVE, DECATUR, GA 30032  
**TEL: 404-299-1271 FAX: 404-299-6597**

## APPLICATION FOR ADMISSION

### Personal Data

SSN \_\_\_\_\_

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Telephone

Home ph# \_\_\_\_\_ Work \_\_\_\_\_ Cell/Pager \_\_\_\_\_

### Citizen Data

US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Resident ? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been in the US? \_\_\_\_\_

### Entrance Data

What do you plan to pursue? (check one)

Certificate Nursing Assistant (CNA) \_\_\_\_\_

Patient Care Technician (includes Phlebotomy & EKG) \_\_\_\_\_

EKG/Phlebotomy \_\_\_\_\_

NCLEX RN/LPN Review \_\_\_\_\_

CPR \_\_\_\_\_

Medical Billing & Coding Specialist \_\_\_\_\_

Surgical Technician \_\_\_\_\_

### Schedules:

Day (9am - 1:30pm) \_\_\_\_\_

Evenings (5pm-10pm) \_\_\_\_\_

**Educational Data**

Have you graduated from High School? Yes \_\_\_\_ No \_\_\_\_ If yes what year \_\_\_\_\_

If no, do you have a GED? Yes \_\_\_\_ No \_\_\_\_ If yes, what year \_\_\_\_

If no, state highest grade completed \_\_\_\_\_ Name of last high school \_\_\_\_\_

Location of last high school \_\_\_\_\_

Is English your first language? Yes \_\_\_\_ No \_\_\_\_\_

If no, have you taken English classes? Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_\_

If yes please describe what happened?

\_\_\_\_\_  
\_\_\_\_\_

**Note: Conviction of a crime will not preclude your admission.**

**Emergency Contact**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

*I certify to the best of my knowledge that all the statement contained here are correct and complete. I understand that discovery of a false statement are grounds for immediate dismissal and forfeiture of all financial payment and academic credits.*

**Applicant's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

*It is the policy of World Outreach Medical Institute that no person shall, on basis of race, color, religion, sex, national origin, age, disability, marital status, or sexual orientation, be excluded from participating in, be denied the benefits of, or be subjected to discrimination in any of it's employment practices, educational programs services, or activities.*

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**Admission** \_\_\_\_\_

**Remarks** \_\_\_\_\_

**WOMI Representative** \_\_\_\_\_

