

STUDENT APPLICATION TO PARTICIPATE IN TAHEC'S RAhNT PARTNERSHIP

Rural Allied Health Network Training Partnership (RAhNT)

Directions: **PLEASE PRINT IN BLACK OR BLUE INK**
Complete front and back

I. Personal Information

Name: _____
Last First M.I.

Current Street Address _____

City State Zip County

Mailing address: (if different from above) _____

City State Zip County

Current E-mail address _____

Current Telephone number: CELL() _____ HOME() _____

Date of Birth: (MM/DD/YYYY): _____

Are you a Veteran: ___ Yes ___ No

Ethnicity: **(Please check one)** ___ Black ___ White ___ American Indian
 ___ East Indian ___ Asian/Pacific Islander ___ Hispanic Other _____

Gender: **(Please check one)** ___ Male ___ Female

Discipline of interest **(Please check all that apply)** ___ Medical Assistant
 ___ Dental Assisting Technology ___ Pharmacy Technician ___ Medical Billing & Coding
 ___ Nursing Assistant ___ Emergency Medical Services (EMT, Paramedic)
 ___ Radiologic Technology

II. Legal Guardian(s) (For applicants under the age of 18)

Name(s) _____

Relationship to Applicant: _____

Address: _____

City State Zip County

Telephone Number: CELL () _____ - _____ HOME () _____ - _____

III. Educational Background

Name and Location of High School:

City State Zip

Did you graduate? ___ Yes ___ No If yes - GPA: _____

If no, did you get a GED? ___ Yes ___ No

Name and Location of College/University (If Applicable):

City State Zip

Did you graduate? ___ Yes ___ No If yes, - GPA: _____

IV. Employment History

Are you currently employed? ___ Yes ___ No

If yes, name and location of employer:

City State Zip

V. Emergency Contact

Name: _____

Telephone Number () _____ - _____

Relationship: _____

Return completed application to the following address:

**Tuskegee Area Health Education Center, Inc.
P.O. Box 830016
Tuskegee, AL 36083**

**Attn: Rheba Knox or Quenton Goodwin
Phone: 334-727-0550 ext. 3591 or 3584
Fax: 334-725-2742**

rknox@tahec.net or ggoodwin@tahec.net

OFFICE USE ONLY

Received by: _____

Date Receive: _____

Approved/ Not Approved
Reason: _____

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