



# Dunamis Health Care Academy

704 Wheaton Street  
Savannah, Georgia 31401

## Application of Admission

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

### Education

High School: \_\_\_ Yes \_\_\_ No If No, Highest grade completed \_\_\_\_\_

GED: \_\_\_ Yes \_\_\_ No

Higher Education Diploma/Degree \_\_\_ Yes \_\_\_ No Specify \_\_\_\_\_

### Training Program Registration

All applicants must complete this section to be considered for admission to a program of study. Choose one:

\_\_\_\_\_ Certified Nursing Assistant

\_\_\_\_\_ Certified Medical Tech

\_\_\_\_\_ CNA Test Prep

\_\_\_\_\_ Online

**Dunamis Health Care Academy LLC, Inc Use Only**

**Tuition Payment**

Application Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_ Start Date: \_\_\_\_\_ Application Fee \_\_\_\_\_

Agency \_\_\_\_\_ Amt \_\_\_\_\_ Date Pd \_\_\_\_\_ DHCA Employee Initial \_\_\_\_\_

**Installment Plan Amt**

\_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ DHCA Initial \_\_\_\_\_

**Additional Data**

The following information is requested for DHCA program(s) statistical purposes only.

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No If no, Citizenship of \_\_\_\_\_

Race or Ethnicity \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Indian \_\_\_\_\_ White \_\_\_\_\_ Other

Why did you choose to enroll in DHCA Training program:

\_\_\_\_\_ Class time suits my schedule \_\_\_\_\_ Cost

\_\_\_\_\_ Location \_\_\_\_\_ Length of training Course \_\_\_\_\_ Other

Are you currently Employed \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, are you employed in health care field \_\_\_\_\_ Yes \_\_\_\_\_ No

**Applicant Statement and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I understand that I am responsible for the information provided in this application. I have submitted information that is completely true and correct. I understand that any information that is not true may cause me not to be accepted in the training program or to be dismissed from the program. I understand that if I am not accepted for training or if I decide not to attend, my application will be destroyed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_