



# HACC Polysomnography Training Program Application

## **APPLICANT INFORMATION:**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date      Name (Last) (First) (Middle)       Male     Female

\_\_\_\_ Address (Street)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip Code)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date      \_\_\_\_\_ Primary Telephone Number

\_\_\_\_ Email Address      \_\_\_\_\_ Alternate Telephone Number (If applicable)

\_\_\_\_ How did you hear about this program?

## **REFERENCES: Please List Two References (Other Than Family)**

\_\_\_\_ Name      \_\_\_\_\_ Name

\_\_\_\_ Address      \_\_\_\_\_ Address

\_\_\_\_ City      State      Zip code      \_\_\_\_\_ City      State      Zip code

\_\_\_\_ Daytime Telephone      \_\_\_\_\_ Evening Telephone      \_\_\_\_\_ Daytime Telephone      \_\_\_\_\_ Evening Telephone

Have you ever been convicted of a crime? (Do not include minor traffic violations) \_\_\_\_\_

If "YES", please explain: \_\_\_\_\_

Have you had any contagious diseases or serious illnesses in the last two-(2) years? \_\_\_\_\_

If "Yes, Please explain: \_\_\_\_\_

## **EDUCATION:**

\_\_\_\_ Name of High School from which graduated or are currently attending      \_\_\_\_\_ Graduation Date

\_\_\_\_ Address (Street)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip code)

\_\_\_\_ If applicant's high school records were maintained under a name other than listed on front, state name used in high school.

