



REGISTRATION

Requires High School Diploma or Equivalency	Does <u>NOT</u> require High School Diploma or Equivalency:																						
<input checked="" type="checkbox"/> <i>Check the program for which you are enrolling:</i>	<input type="checkbox"/> STNA (Nurse Aide)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Automotive Technician</td> <td style="width: 50%;">Phlebotomy</td> </tr> <tr> <td>CNC Machinist Certification</td> <td>Practical Nursing</td> </tr> <tr> <td>Certified Administrative Assistant</td> <td style="text-align: center;">12-month</td> </tr> <tr> <td>Cosmetology</td> <td style="text-align: center;">19-month</td> </tr> <tr> <td>HVAC-R</td> <td>LPN to RN</td> </tr> <tr> <td>Health Information Technologies <small>(formerly Medical Insurance Billing)</small></td> <td>Public Safety: Firefighter</td> </tr> <tr> <td>IT-Computer Systems & Networking</td> <td>EMT Basic</td> </tr> <tr> <td>Massage Therapy</td> <td>EMT Basic Refresher</td> </tr> <tr> <td>Medical Assistant</td> <td>EMT Advanced</td> </tr> <tr> <td>Nail Technician</td> <td>Other:</td> </tr> <tr> <td>Welding</td> <td></td> </tr> </table>	Automotive Technician	Phlebotomy	CNC Machinist Certification	Practical Nursing	Certified Administrative Assistant	12-month	Cosmetology	19-month	HVAC-R	LPN to RN	Health Information Technologies <small>(formerly Medical Insurance Billing)</small>	Public Safety: Firefighter	IT-Computer Systems & Networking	EMT Basic	Massage Therapy	EMT Basic Refresher	Medical Assistant	EMT Advanced	Nail Technician	Other:	Welding		Adult Diploma Program (ADP) Options: <input type="checkbox"/> ADP-IT (A+ Hardware and Software) <input type="checkbox"/> ADP-Automotive Technician (Brakes) <input type="checkbox"/> ADP-Certified Administrative Assistant <input type="checkbox"/> ADP-Nail Technician <input type="checkbox"/> ADP-Phlebotomy <input type="checkbox"/> ADP-State Tested Nurse Aide (STNA)
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	For more information call: 740-393-2933 Ext. 1121																						

APPLICANT INFORMATION *(please print)*

Registration Date	Class Start Date	First Name	M.I.	Last Name
(Any other previous last names)				
Mailing address (# and street or P.O. box)			City	State
Zip Code				
Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social Security Number	Email	
Mobile Phone		Home Phone	Work Phone	

EDUCATION HISTORY

HS Diploma City _____ ST _____ Year _____
 GED City _____ ST _____ Year _____
 None

Is this your first enrollment in technical school or college AFTER your HS graduation, GED, Adult Diploma Program or other? Yes No

GAINFUL EMPLOYMENT DISCLOSURE

I acknowledge receipt of the *Gainful Employment Disclosure* for the program(s) for which I am registering. Gainful Employment information is located on our website at www.KnoxTechnicalCenter.com. For questions regarding Gainful Employment, contact Financial Aid at **740-393-2933**.

ARE YOU APPLYING FOR FINANCIAL AID (Title IV) funding?

Yes No Are you a U.S. Citizen? Yes No *(Required information for Financial Aid (Title IV) funding of full-time programs).*

HOW DID YOU HEAR ABOUT US?

I heard about Knox Technical Center by:

REGISTRATION/ADMISSION PROCESS

1. Complete this registration form and return with a **\$50 non-refundable registration fee (\$75 for Practical Nursing; \$100 for CAA, Nail Technician, STNA, Phlebotomy and LPN to RN)**. Make checks payable to: KCCC. **THERE IS NO FEE FOR THE ADP PROGRAM.**
2. Upon receipt of Registration form with registration fee, applicant will be registered for skill assessment date (does not apply to STNA).
3. Applicant must provide proof of HS diploma or equivalency and complete any additional requirements established by individual program. (Exceptions: STNA and Adult Education Diploma Options).

<p><i>I understand that completion of this registration and payment of the registration fee is not a guarantee of program acceptance.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Fee is honored for one (1) year from receipt date).</i></p> <p><i>I agree that upon submission of this Registration form, I will comply with the Knox Technical Center/ Knox County Career Center policies.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By signing, I agree that all information on this Registration is true to the best of my knowledge.</p>	Date Reg. Recd. _____ Date Fee Recd. _____ Received By _____ Skill Assessment Date _____
Signature _____ Date _____	