



Coordinated Health

MEDICAL CAREERS INSTITUTE

The Orthopedic Technology Program

Admission Application

(please print)

Name: _____
Last First Middle Initial

Home Address: _____
Street City

State Zip Code

How Long at this Address? _____
If less than 2 years, please list previous address: _____

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Email Address: _____

Social Security Number: _____ - _____ - _____ DOB: ____/____/____

Gender: Male Female

Are you a U.S. citizen? Yes No U.S. INS status: _____

If no: Country of Birth _____ Country of Citizenship _____

Ethnicity: This information will be used only to monitor cultural diversity. We will not use this information in our admission decision. (circle one)

- I decline to answer
- African American
- American Indian
- Asian
- Hispanic or Latino
- Caucasian
- Other _____

List any activities, honors, community service, and published work:

List any professional organizations to which you are a current member:

To begin the application process, please forward a completed application and the \$35.00 application fee along with the following:

- A short essay on why you are choosing to apply to The Orthopedic Technology Program at The Medical Careers Institute at Coordinated Health, Inc. Please include your educational and employment goals.
- Official transcripts from any high schools or colleges that you have attended
- 2 letters of recommendation

Please make checks payable to: The Medical Careers Institute at Coordinated Health. An admission representative will contact you to schedule an in-person interview and the Wonderlic (general ability) Exam.

After your interview and successful completion of the Wonderlic Exam, please forward the following to complete the application process:

- Any certifications that you currently hold (CPR/BLS).
- Evidence of reasonable good health and prophylaxis by submitting results of a recent (within 3 months) physical examination signed by an attending physician, current immunizations for poliomyelitis, measles, rubella, tetanus, diphtheria, and chickenpox. If you have had chickenpox, rubella or measles and are unable to provide documentation of having had the disease, a chickenpox titer, rubella titer and measles titer are required
- Verification of a recent TB screening (within one year)
- If you are not currently a resident of Pennsylvania or have lived in Pennsylvania for less than 2 years, please attach a criminal history record obtained from the Federal Bureau of Investigation.

After being admitted, please forward the following:

- Proof of professional liability insurance noting minimum liability requirements of \$1,000,000 per incident and \$3,000,000 aggregate.

The Medical Careers Institute at Coordinated Health, Inc. does not discriminate on the basis of race, color, age, sex, religious beliefs, nation or origin, or non-job related handicap as those terms are defined under applicable law. The policy of non-discrimination applies to application to and participation in all activities and programs sponsored by Coordinated Health.

I consent to a criminal history review.

I certify that all information contained in this application and all supporting documentation is complete and accurate.

_____/_____/_____
Signature Date

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