



NORTHSTAR UNIVERSITY
2925 E South Street, Orlando, FL 32803
Phone: (407) 780-0759 Fax 1-888-344-9692

APPLICATION

Application fee _____ Social Security Number: _____

Program of Interest: HEMODIALYSIS (RN) _____ HEMODIALYSIS TECH _____ BIOMED TECH _____

Name: _____

Last

First

Address: _____

Street

Apt. #

PO Box

City

State

Zip

Phone: _____ 2nd Number: _____

E-Mail: _____

Emergency contact: _____

Name/Relationship

Phone

Birthdate: _____ Age: _____

Race: White _____ Black _____ Hispanic _____ Asian _____ Other _____

Education:

High School: _____ GED: _____ Highest grade completed: _____

College: _____

Other Education: _____

Work Experience:

Current employment:

Address

phone

Previous employment in the last 5 years:



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Background Information:

Please read carefully and answer honestly.

Have you ever been denied a FL professional certificate/license? Yes _____ No _____

Have you ever had any disciplinary action (probation, suspension, revocation or reprimand) taken against your professional certificate-license? Yes _____ No _____

Have you ever been convicted of any crime under the laws of Florida? Yes _____ No _____

Have you ever appeared in any court, paid any fine or been put on probation? Yes _____ No _____

Have you ever been convicted of any crime under the laws of any state? Yes _____ No _____

Have you ever been convicted of any crime under the Federal Law of the United States? Yes_ No_

If you answered yes to questions #1 and #2, please give a detailed account of the occurrence(s) including the name of location and date.

If you answered yes to the above, please give a description of the incidents. You may be asked to provide court documents and or explanatory letters.

List three (3) references that we may contact:

Name Phone

Name Phone

Name Phone



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How did you hear about NorthStar U Career Program?

Why did you apply for the course you have chosen above?

What kind of environment would you like to work in?

What are your feelings about the healthcare industry?

Read and sign the following sections:

I wish to be considered as an applicant for the _____ Course.

I agree to abide by the rules and regulations of the program. I understand that my references may be checked. Failure to furnish all the information on past education, past employment, and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal. I will not dispute if the reason of my dismissal is falsification of information in the above application.

I agree, allow and with consent, that in the course of my study in the program, pictures of myself and my class that will be taken by the school, can be posted in the website and other materials of the school. I hereby agree to waive my rights to the said pictures.

Signature

Date



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FOR DIALYSIS STUDENTS:

If you are applying in the Dialysis Program, you should be aware that during classes and clinical training, you are likely to be working in situations where exposure to infectious disease is possible. This is an occupational risk for all health care workers. You have to recognize and accept this risk. You are waiving your rights and acknowledge that the school has no liability whatsoever.

Proper training and strict adherence to well-established infection control guidelines can prevent this risk. Infection control procedures will be an important part of your training in the Dialysis Program. I have read and understand the above statement.

Signature

Date



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REQUIREMENTS TO BE SUBMITTED FOR PROCESSING OF YOUR APPLICATION:

Copy of Social Security Card

Picture ID

Copy of High School Diploma or GED

Copy Professional License (If you are a Nurse-RN/LPN)

Completed Background Screening

All signed and completed paperwork

Application Fee

PPD test (TB skin test), if you do not have a current one.

If you had previously a PPD (TB) test, what date was that? _____

Were the results positive _____ or negative _____

If positive explain the course of treatment:

___ Hepatitis B immunization

___ MMR immunization

___ Varicella immunization

----- COVID-19 TEST RESULT/VACCINATION CARD