



For tuition prices please contact our school.

APPLICATION INSTRUCTIONS AND CHECKLIST

Please fill out the application completely. Then you can print and mail or bring it to Fast Track with your down payment. :

I would like to enroll for the following: **Day Classes** **Evening Classes** **Start Date:** _____

Please be advised that applications received without the application fee will not be processed.

Esthetician Program Requirements for a complete application includes:

- Age 18 (by completion of training) _____
- Admission application and fees (A down payment is required) _____
- Authorized to work in the U.S. (Alien ID – If applicable) _____
- Valid Identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- High school diploma or GED certificate _____
- Ability to pass criminal background check (provided by school) _____
- Valid CPR (school provides class for an additional fee) _____
- Drug test _____

Health Requirements

- Immunization record _____
- TB Test/PPD skin test/chest x-ray no older than a year (school will provide for a fee) _____
- Hepatitis B (must be waived in writing; form is available in our school administration office) _____

Massage Therapy Program Requirements for a complete application includes:

- Age 18 (by completion of training) _____
- Admission application and fees (A down payment is required) _____
- Authorized to work in the U.S. (Alien ID – If applicable) _____
- Valid Identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- High school diploma or GED certificate _____
- Ability to pass criminal background check (provided by school) _____
- Valid CPR (school provides class for an additional fee) _____
- Drug test _____

Health Requirements

- Immunization record _____
- TB Test/PPD skin test/chest x-ray no older than a year (school will provide for a fee) _____
- Hepatitis B (must be waived in writing; form is available in our school administration office) _____



Clinical Medical Assistant (CMA) Program Requirements for a complete application includes:

- Age 18 (by completion of training) _____
- Admission application and fees (A down payment is required) _____
- Authorized to work in the U.S. (Alien ID – If applicable) _____
- Valid identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- High school diploma or GED certificate _____
- Ability to pass criminal background check (provided by school) _____
- Valid CPR (school provides class for an additional fee) _____
- Drug test _____

Health Requirements

- Immunization record _____
- TB test/PPD skin test/chest x-ray no older than a year (school will provide for a fee) _____
- Hepatitis B (must be waived in writing; form is available in our school administration office) _____

Patient Care Technician Requirements for a complete application includes:

- Age 18 (by completion of training) _____
- Admission application and fees (A down payment is required) _____
- Authorized to work in the U.S. (Alien ID – If applicable) _____
- Valid Identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- High school diploma or GED certificate _____
- Ability to pass criminal background check (provided by school) _____
- Drug test _____

Health Requirements

- Immunization record _____
- TB test/PPD skin test/chest x-ray no older than a year (school will provide for a fee) _____
- Hepatitis B (must be waived in writing; form is available in our school administration office) _____



Pharmacy Technician Requirements for a complete application includes:

- Age 18 (by completion of training)
- Admission application and fees (minimum down payment is required)
- Authorized to work in the U.S. (Alien ID – If applicable)
- Valid Identification (Driver’s License, State/Federal issued ID, or passport)
- Social Security Card
- High school diploma or GED certificate
- Ability to pass criminal background check (provided by school)
- Drug test

Health Requirements

- Immunization record
- TB test/PPD skin test/chest x-ray no older than a year (school will provide for a fee)
- Hepatitis B (must be waived in writing; form is available in our school administration office)

Phlebotomy Technician Requirements for a complete application includes:

- Age 18 (by completion of training)
- Admission application and fees (minimum down payment is required)
- Authorized to work in the U.S. (Alien ID – If applicable)
- Valid Identification (Driver’s License, State/Federal issued ID, or passport)
- Social Security Card
- High school diploma or GED certificate
- Ability to pass criminal background check (provided by school)
- Valid CPR (school provides class for an additional fee)
- Drug test

Health Requirements

- Immunization record
- TB Test/PPD skin test/chest x-ray no older than a year (school will provide for a fee)
- Hepatitis B (must be waived in writing; form is available in our school administration office)



Administrative Medical Assistant (AMA) Requirements for a complete application includes:

- Age 18 (by completion of training) _____
- Admission application and fees (minimum down payment is required) _____
- Authorized to work in the U.S. (Alien ID – If applicable) _____
- Valid Identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- High school diploma or GED certificate _____
- Ability to pass criminal background check (provided by school) _____
- Valid CPR (school provides class for an additional fee) _____

EKG/ECG Technician Requirements for a complete application includes:

- Age 18 (by completion of training) _____
- Admission application and fees (minimum down payment required) _____
- Authorized to work in the U.S. (Alien ID – If applicable) _____
- Valid Identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- High school diploma or GED certificate _____
- Ability to pass criminal background check (provided by school) _____
- Valid CPR (school provides class for an additional fee) _____

Nurse Aide Requirements for a complete application includes:

- Age 16 (by completion of training) _____
- Admission application and fees _____
- Valid Identification (Driver’s License, State/Federal issued ID, or passport) _____
- Social Security Card _____
- Ability to pass criminal background check (provided by school) _____

Health Requirements

- TB test/PPD skin test/chest x-ray no older than a year (school will provide for a fee) _____



Medication Aide Requirements for a complete application includes:

- **To be accepted into the Medication Aide program, participants are required to show proof of completion of the Virginia Board of Nursing 120 Hours Nurse Aide Training or the Department of Social Services 40 Hour Direct Care Training.**
- Age 16 (by completion of training)
- Admission application and fees
- Authorized to work in the U.S. (Alien ID – If applicable)
- Valid Identification (Driver’s License, State/Federal issued ID, or passport)
- Social Security Card
- HS Diploma or GED are **NOT** required.
- Ability to pass criminal background check (provided by school)

Health Requirements

- TB Test/PPD skin test/chest x-ray no older than a year (school will provide for a fee)

CPR Requirements for a complete application includes:

- Admission application and fees at time of enrollment

Fast Track Health Care Education is an in-facility test site for the State Nurse Aide Certification Exam and National Exam testing.

For admission questions, please call to talk to one of our dedicated staff members at (540) 981-9111

CERTIFIED TO OPERATE BY SCHEV - APPROVED BY VBON



Application for Admission

Personal Information

Last Name	First Name	M.I.	Today's Date
Street Address		Apartment/Unit #	
City	State	Zip Code	
Home Phone	Cell Phone	Email Address	
Date of Birth	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	
Residency <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Permanent Resident			Country of Origin
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Highest Level of Education Completed <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> BS Degree or Higher			
First Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Arabic <input type="checkbox"/> Other			
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			

What would you like to do in the healthcare industry?

How did you hear about us? Newspaper Internet Yellow Pages Other: _____

Have you applied to Fast Track Health Care Education before? Yes No If yes, when? _____

Emergency Contact Information

Last Name	First Name	M.I.
Street Address		Apt #
City	State	Zip Code
Home Phone	Cell	Work
Relationship to Applicant		

Terms and Conditions all programs except CPR

Student's Right to Cancel & Refund Policy

Terms and Conditions (CPR only)

I agree to the General Terms and Conditions

I agree to the Cancel & Refund Policy

I agree to the CPR Terms and Conditions

Applicant Signature: _____

Date: _____



Disclaimer and Signature

I certify that the information I have provided is true and complete to the best of my knowledge and understand that all information provided will be used by Fast Track Health Care Education to determine my qualification for admission. I understand that any false, misleading or incomplete answer statement(s) made by me in connection with this application or the application process, or any failure to disclose any relevant information, shall result in the denial and/or revocation of admission to Fast Track Health Care Education including dismissal from Fast Track Health Care Education if matriculated and may also lead to future denial and/or revocation of licensure as an allied health professional.

I hereby give Fast Track Health Care Education permission to investigate my personal, criminal, and educational background and history and to contact persons, organizations, institutions or government agencies that may have knowledge of me.

In consideration for Fast Track Health Care Education reviewing my application for admission, and intending to be legally bound, I hereby release Fast Track Health Care Education subsidiaries, affiliates, trustees, officers, employees and agents (collectively hereinafter referred to as Fast Track Health Care Education), from any and all claims or liability, known or unknown, arising from Fast Track Health Care Education investigating my background and all persons, organizations, institutions or government agencies who supply such information.

Finally, it is my understanding that I shall not be considered for admission to Fast Track Health Care Education until I have submitted all credentials, payments and otherwise satisfied all requirements for a timely and complete application for admission. I further understand that an application which satisfies all application requirements is not guaranteed admission into Fast Track Health Care Education Programs. I agree to inform Fast Track Health Care Education of any changes in the information I have provided on this application otherwise in connection with application process. If Fast Track Health Care Education offers me admission, and I decide to matriculate, I agree to comply with any and all of Fast Track Health Care Education policies, rules and regulations, as amended from time to time.

Fast Track Health Care Education does not discriminate on the basis of age, race, religion, gender, sexual orientation, national origin, disability or veteran status in its program and activities.

- Enrollment fee is non-refundable.
- All admission requirements must be submitted and processed before first day of class.

Applicant Signature: _____

Date: _____

Questions?

Fast Track Health Care Education

3201 Brandon Avenue, Suite 8

Roanoke, Virginia 24018

(540) 981-9111



Fast Track Health Care Education

Credit Card Transaction Form

Acceptable Credit Cards

Master Card Visa American Express

Please complete the following:

Name as it Appears on Card: _____

Card Number: _____

Three-Digit Security Code (on back of card): _____

Expiration Date on Credit Card: _____

Card Holder's Signature: _____

Card Billing Address: _____

Card Holder's Phone Number: _____

Driver's License Number: _____

Student's Name: _____

Program: _____

Class Start Date: _____

Date Receipt was mailed: _____

Fax to: (540) 981-9048
ATTN: Cashier
Phone Number: (540) 981-9111



Sworn Disclosure Form

Section 63.1-173.2, 63.1 and 63.1-194.13 of the code of Virginia requires that any person desiring to be enrolled at Fast Track Health Care Education provides the school with a sworn disclosure of affirmation disclosing any criminal conviction or pending criminal conviction or pending criminal charges whether within or outside the Commonwealth of Virginia.

The law prohibits Fast Track Health Care Education from enrolling any individuals convicted of the following: murder, abduction for immoral purposes, assault and bodily wounding, indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses or abuse or neglect of an incapacitated adult. However, applicants convicted of one misdemeanor crime not involving abuse or neglect or moral turpitude may be enrolled provided five years have passed since the conviction. Your disclosure must include reports or any actions claims or charges of malpractice ever brought against you either individually or part of a group as well as outcome or current status or such case. (See attached appendix for details list or barrier crimes or refer to Title 18.2 on crime and offenses in the Code of Virginia.)

Further dissemination of the information provided on this form is prohibited other than to a federal or state authority to military facility or evaluation to determine if such an incident should be disqualifying or court order may be required to comply with an expressed requirement of law for such further dissemination.

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of a law violation(s) but exclude offenses committed before your 18th birthday, which were adjudicated in a juvenile court under the youth offender law? Yes No

If yes, please explain

Are you subject to any pending criminal charges? Yes No

I hereby affirm that the information provided on this form is true and complete and I understand that any falsification of the information, herein, regardless of time of discovery may cause forfeiture on my part of any placement offered in the school. I further understand that all information of this form is subject to verification through a criminal background check or any other means necessary by this school.

Applicant Signature: _____ Date: _____

PHARMACY TECHNICIAN
PHLEBOTOMY TECHNICIAN
PATIENT CARE TECHNICIAN

AS A REQUIREMENT, A 10 PANEL DRUG SCREEN IS PERFORMED ON THE FIRST DAY OF CLASS TO ALL THE STUDENTS OF THE ABOVE MENTIONED CLASSES.

IF YOU HAVE ANY QUESTIONS,
PLEASE CALL OUR OFFICE AND TALK WITH ONE OF OUR STAFF AT 540-981-

9111 THANK YOU FOR YOUR COOPERATION

WE WILL ALSO NEED YOUR IMMUNIZATION RECORDS WHICH INCLUDES:

1. A NEGATIVE TB TEST
2. PROOF OF RUBELLA AND ROBEOLA IMMUNITY BY POSITIVE ANTIBODY TITERS OR TWO DOSES OF MMR
3. VARICELLA IMMUNITY BY POSITIVE HISTORY OF CHICKENPOX OR PROOF OF VARICELLA IMMUNIZATION
4. PROOF OF HEPATITIS B IMMUNIZATION OR "DECLINATION OF VACCINE"
(TO RECEIVE A FORM TO DECLINE THE HEPATITIS B IMMUNIZATION—SEE OFFICE STAFF)

**THE DRUG TEST AND IMMUNIZATION RECORDS NEED TO BE
OBTAINED ON THE FIRST WEEK OF CLASS**