



Ohio Institute of Allied Health

School of Integrative Healthcare

Academic History

****In order to complete your application, an *official* copy of your transcript(s) must be on file with OIAH****

Please fill in the following info about your high school or GED. Graduation (MM/YYYY) _____

GED City _____ State _____ Year _____

High School: _____ City _____ State _____

Previously attended OIAH? _____ Name when attended _____

(Program and Dates Attended)

Have you ever been dismissed, disciplined or placed on probation from a college or university? (If yes, please explain.)

Please list all colleges and universities you have attended.

School Name _____ **City** _____ **State** _____

Degree/Major _____ **Dates Attended** _____ **to** _____ **Graduated** Yes/No

School Name _____ **City** _____ **State** _____

Degree/Major _____ **Dates Attended** _____ **to** _____ **Graduated** Yes/No

If you previously attended a similar program but did not complete, please indicate the reason for leaving.

Employment History

List your current job followed by any job you have held for six months or longer within the last five years.

Employer _____ **Supervisor** _____

Job Title _____ **Phone** (_____) _____ **Dates Employed** _____ **to** _____

Responsibilities _____

Employer _____ **Supervisor** _____

Job Title _____ **Phone** (_____) _____ **Dates Employed** _____ **to** _____

Responsibilities _____

Employer _____ **Supervisor** _____

Job Title _____ **Phone** (_____) _____ **Dates Employed** _____ **to** _____

Responsibilities _____



Student Name _____

Address

Street *City* *State* *Zip*

Emergency Contact Information

Spouse Name (if applicable) _____

Phone (____) _____ (____) _____
(____) _____
Home *Cell* *Work*

Address _____

Street *City* *State* *Zip*

Alternate Contact _____ Relationship

Phone (____) _____ (____) _____
(____) _____
Home *Cell* *Work*

Address _____

Street *City* *State* *Zip*

Your Physician: _____ Phone
(____) _____

If your physician is not available, may another one be called? (Please circle one) YES NO

Preferred Hospital: _____



Do You Have Any Allergies?

Other Necessary Information:

Student Name _____

Please answer the following questions. You may use this page and write in your answers or type your answers on a separate page. Please limit your answers to 250 words or less.

1. Why do you want to attend the Ohio Institute of Allied Health? Give specific examples about OIAH in your answer.

2. Why do you want become a RN/PN/MA/MT?

3. What does the term "holistic health" mean to you? You may look up and cite any source you used.

4. Discuss your career goals in the next year? In the next five years?