Student Identification (ID) for Background Checks in Health Sciences

_____

Name: First, Last, and middle initial

_____   _____

Primary phone number   **Alternate phone number**

Race

    American Indian or Alaskan Native

    Asian or Pacific Islander

    Black

    White

    Decline to answer/Unknown

_____

Northwood Tech Student ID Number

_____

Northwood Tech email address

_____

Social Security number

Program

Dental Assistant (DA)

Health Information Technology (HIT)

Medical Assistant (MA)

Medical Laboratory Technician (MLT)

Nursing Assistant (NA)

Nursing-Associate Degree (ADN)

Occupational Therapy Assistant (OTA)

Pharmacy Technician (PhT)

Phlebotomy (Phleb)

_____   _____

Student Signature (typed is acceptable)   **Date**