



## Sacred Heart University

### Application for Certificate Program in Home Health Care Management

**Instructions:** Please enclose a \$15.00 non-refundable application fee. In order to register as a non-matriculated student, you must obtain approval from the Nursing Programs Director. If you have any questions about this procedure, call (203) 371 – 7715.

**Include a copy of a current state RN license.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Term: (check one)      Fall \_\_\_\_\_      Spring \_\_\_\_\_      Late Spring \_\_\_\_\_      Summer \_\_\_\_\_  
Year                      20\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

*I understand that registration as a non-matriculated student does not guarantee admission to the University. I further understand that it is my responsibility to fully complete the admissions process if I wish to continue course work beyond the 6 credits for this Certificate Program.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_