

APPLICATION AND MEDICAL INFORMATION FORM

The application for admission must be completed on the official form of the college.

All information requested must be supplied by the applicant.

Each student must submit the following as part of the official application:

- A \$40.00 application fee (Application fee used to process application and review transcripts. Fee is good for 1 year from application date.)
- A recent photograph (for identification purposes only).
- All college transcripts, including mortuary school, if applicable. (To be submitted directly to CCMS by the school or college.)
- Completion of medical information section by a physician.
- Copy of medical insurance card.
- Signature and date of applicant where indicated.

Return to: Admissions

Cincinnati College of Mortuary Science

645 W. North Bend Rd. • Cincinnati, Ohio 45224-1462 • (513-761-2020)

STATE OF PLANNED LICENSURE (*Please list only one state*) _____

DATE OF PLANNED ENROLLMENT: Fall of _____ Spring of _____

CCMS DEGREE CHOICE: (*check the appropriate box*)

- I plan to complete the CCMS A.A.S. Degree, the 4-quarter mortuary science curriculum.
- I plan to complete the CCMS Bachelor's Degree, the 5-quarter mortuary science curriculum.

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Address: _____ Social Security Number _____
City State Zip

Telephone: Area Code () _____ Country of Citizenship if not USA _____

Cell Phone: Area Code() _____ Email Address: _____

Date of Birth: _____ Ethnicity (race): _____ Veteran: Y N

In case of emergency, please notify: _____ Relationship: _____ Contact telephone: _____

PREVIOUS EDUCATION

College: _____ Degree: _____ Date: _____

College: _____ Degree: _____ Date: _____

College Non-degree: _____ Hours: _____ Dates: _____

College Non-degree: _____ Hours: _____ Dates: _____

Official transcript(s) must be submitted to CCMS from all colleges attended.

HOUSING: Please send me: () Funeral Home Openings () List of Apartments () None of the Above

FINANCIAL AID: If you will be applying for financial aid, please go to www.ccms.edu and click on the Financial Aid button for further instructions.

BACKGROUND: (Y/N) Have you ever been convicted of a felony? _____ If yes, explain: _____
Have you ever been charged with domestic violence? _____ Have you ever been charged with sexual assault? _____
Have you ever been charged with any weapons violence? _____

CINCINNATI COLLEGE OF MORTUARY SCIENCE MEDICAL INFORMATION FORM

TO THE STUDENT Due to the nature of the clinical work in funeral service education, do you have any illnesses, allergies, and/or learning disabilities with which you might need assistance? Yes _____ No _____ Please describe briefly: _____

Signature of Applicant

Date

TO THE PHYSICIAN (All items in the below section must be completed by a physician.)

Please fill in the following: **MEDICAL HISTORY: Has the applicant had exposure to, or a history of (Y/N):**

____ Hepatitis ____ Epilepsy ____ Color blindness ____ Meningitis ____ Cancer/Leukemia ____ Hemophilia/Other blood disorder
____ AIDS ____ Diabetes ____ Fainting spells or headaches ____ Tuberculosis ____ Sarcoidosis ____ Lupus

If you answered **yes** to any of the above, please explain: _____

IMMUNIZATIONS: Has the applicant had immunizations for: ____ **DPT** ____ Date ____ **Measles** ____ Date
____ **Polio** ____ Date ____ **Rubella** ____ Date _____

REQUIREMENTS OF THE CINCINNATI COLLEGE OF MORTUARY SCIENCE - ITEMS 1-3 MUST BE COMPLETED, AND MEET THE TIME RESTRICTIONS IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

1. CCMS requires that the applicant have a Tetanus immunization or booster within 5 years prior to the entrance date.
Date of the most recent immunization or booster: _____
2. CCMS requires that a TB test and/or chest x-ray be given within 6 months prior to the entrance date. Date of test or x-ray: _____
3. CCMS requires that all students be inoculated with the Hepatitis B Series (series of three inoculations) prior to the start of clinical training.
NOTE: THIS SERIES TAKES APPROXIMATELY 6 MONTHS TO COMPLETE. Dates: ____ 1st ____ 2nd ____ 3rd

I certify that the foregoing is true and accurate to the best of my knowledge.

Signature of Physician or Health Clinic

Date

NAME OF PHYSICIAN/CLINIC REPRESENTATIVE (Please print or type):

ADDRESS: _____ Phone: _____

1. Cincinnati College of Mortuary Science requires students to have health insurance. Please give the name of your health insurance company and provide proof of insurance (e.g. copy of insurance card): _____
Note: If you do not have health insurance, check this box and Cincinnati College of Mortuary Science can send you information on health insurance plans.
2. I certify that all the statements contained herein are true and accurate, and I understand that if granted admission to the Cincinnati College of Mortuary Science, my student status is contingent upon conformance with the rules and regulations of the College as contained in the Catalog, Student Handbook, or otherwise issued while in attendance. False and/or fictional data contained herein could mean immediate dismissal from the program.
3. Your admission to CCMS is not a representation, nor a guarantee that you possess the qualifications to obtain a license in your state of choice. Obtaining a license is regulated by the individual states and may include requirements concerning residency, citizenship, moral character and conduct, lack of criminal convictions, etc. Students are encouraged to communicate with the regulatory agency in their state of intended practice for clarification.

Signature of Applicant

Date