



HCA Profile Form

Name: _____ Employee ID#: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell/Other: _____

Email: _____

Job Title: _____ Work Area: _____

Manager: _____ Facility: _____

Full-time: Part Time: Hours/Week _____ Years at HCA: _____

| Degrees earned/where: | Degree | Facility | Year |
|-----------------------|--------|----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Credit hrs. completed for Degree: _____ Year Projected Graduation: _____

Areas of Achievement: (professional awards, academic achievement, public service, etc.)

1. _____
2. _____
3. _____
4. _____

Personal and Professional Goals:

1. _____
2. _____
3. _____

Barriers that have prevented you from achieving these goals:

1. _____
2. _____
3. _____

Why are you a good candidate for the El Centro College Associate Degree Nursing Program at HCA?

(Please include special needs or circumstances.)

1. _____

2. _____

3. _____

List all scholarships and additional financial assistance. (Use extra pages, as needed.)

1. _____

2. _____

3. _____

I certify that my statements on this profile form are true and correct.

Signature

Date

Submit:

- a. **This Profile Form**
- b. **Recommendation form completed by your supervisor or department head**
- c. **The signed Learning Institute Policy**
- d. **Photocopies of your immunization records**
- e. **Photocopy of your Healthcare Provider CPR card to the education office at your HCA facility**