

Renaissance Health Institute

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Information Inquire, Prospective Application

Thank you for taking your time to inquire about our institution and our programs of study. In order to better assist you we ask a few minutes of your time to complete this form.

Date: _____

Interested in HHA Program ___ Associate of Science in Nursing Program ___ Practical Nursing Program ___
Phlebotomy ___ Medical Assistant ___ Patient Care Technician ___

First Name _____ Last Name _____

Cell Number _____ Email _____

Best time to contact AM ___ PM ___ Evenings ___ Weekends ___ Other: _____

I prefer to be contacted Call ___ Text ___ Email ___

How did you learn about our school? Friend ___ Advertising ___ Other: _____

Please select from the following options to learn how to best serve you:

Class Time Preferences: Morning Classes ___ Evening Classes ___

Comments _____

