Baptist Health College Little Rock

Office: (501) 202-7495, Fax: (501) 202-6015

Administrative Service Request Form

SUBMIT TO STUDENT SERVICES IN OFFICE 1004:
REQUESTS WILL BE FILLED WITHIN FIVE (5) WORKING DAYS.

1. Name: _____ Other Name: _____ Date: _____

   SS#: _____ E-Mail: _____

   Primary Telephone: _____

   Secondary Telephone: _____

2. **BHCLR Program:**

   ☐ Medical Laboratory Science
   ☐ Nuclear Medicine Technology
   ☐ Occupational Therapy Assistant
   ☐ Patient Care Technician
   ☐ Practical Nursing
   ☐ Radiography
   ☐ Nursing: Traditional Track
   ☐ Nursing: Trad. Track + Gen. Education
   ☐ Nursing: Accelerated Track
   ☐ Sleep Technology
   ☐ Surgical Technology

3. **Classification:** ☐ Applicant ☐ Non - Graduate
   ☐ Gen. Ed. Prep(s) ☐ Freshman ☐ Sophomore I ☐ Sophomore II ☐ Junior ☐ Senior ☐ Graduate

4. **Service(s) Requested:**
   - 4.1 ☐ Enrollment Verification
   - 4.2 ☐ Letter of Good Standing (Reflects financial good standing, must be cleared through Bus. Office)
   - 4.3 ☐ Copy: ☐ CPR ☐ TB ☐ Immunization Record
   - 4.4** ☐ Educational Reference.
     By (Faculty Name): _____ By (Faculty Name): _____
   - 4.5 ☐ Patient Care Tech paperwork (Skills check-off sheet and evidence of completion of OSHA, HIPAA, and Corporate Compliance)
   - 4.6 ☐ Other_____

5. **Submit Requested Information To:**

   ☐ **Fax**
   ☐ **Mail**
   ☐ **Pick-Up**

   Name: _____

   Address: _____

   City: _____ State: _____

   Zip: _____ Fax #: _____

6. _____ _____ _____
   Signature Student ID # Date

**** Must be faxed and/or mailed according to BHCLR Policy.**

OFFICE USE ONLY

Form received by: _____/_____ Forwarded to: _____ /_____
Signature Date Admin. Staff name Date

Request filled by: _____/_____
Name Date

Social Security Card Verified By (only for name change): _____

Revised: 09-19-2022/KW