



APPLICATION FOR ADMISSION

NAME:

First

Middle

Last

ADDRESS:

Street Address

City

State

Country

Postal Code

TELEPHONE:

Cell

Home

Work

EMAIL:

I would like to begin classes in: January April July October Year: _____

The clinical portion of your education will come from the hands-on learning you will receive at a neurological facility. Please complete the section below to identify your ability to meet the eligibility requirements to train in this environment.

Highest Level of Education Achieved: GED High School College

Will you be eighteen (18) years old or older at the time the first course begins? Yes No

Are you fluent in speaking and writing in English? Yes No

Are you able to walk and stand for long periods of time? Yes No

Are you able to lift forty pounds (40 lbs.)? Yes No

Are you able to pass a drug test? Yes No

Are you able to pass a background check Yes No

Are you current or willing to become current in your vaccinations? Yes No

Are you certified or willing to become certified in CPR? Yes No

Do you currently work in a health care facility Yes No

I certify that the information contained in this application is true and complete to the best of my knowledge. I fully realize that omission or falsification will be sufficient reason for rejection of this application or dismissal from the program.

Applicant Signature: _____

Date: _____

Mail your completed application and check or money order in the amount of Forty Five Dollars (\$45) to:

**Neurodiagnostic Technology Institute
1200 Kuhl Avenue, Suite D
Orlando, Florida 32806
407-601-7832**