

ENROLLMENT APPLICATION
B & M Career Institute
9550 Forest Ln Suite 515 Dallas, TX 75243
(214) 859-4936

PROGRAM: MEDICAL ASSISTANT

PLEASE PRINT LEGIBLY

COURSE LENGTH: 24 WEEKS				START DATE	
PERSONAL INFORMATION					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
BIRTH DATE:		SOCIAL SECURITY No.:		AGE:	GENDER:
DL No.:					
MAILING ADDRESS					
STREET (number and name) :					
APARTMENT NO.		P.O BOX			
CITY:		STATE:		ZIP CODE:	
DAY TIME PHONE NUMBER:		ALTERNATIVE PHONE NUMBER:			
EMAIL ADDRESS: _____					
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED EDUCATION LEVEL					
Name of High School:				Graduation Year:	
IN CASE OF EMERGENCY					
Name of relative (not living at same address):		Relationship to Applicant:		Home phone no.:	Work phone no.:
ADMINISTRATIVE					
How you first heard about us? :					
NOTES					
_____ Student signature				_____ Date	
NOTICE					
NB: NATCEP requires that the student cannot be listed as unemployable on the employees misconduct Registry [EMR] and cannot have been convicted of a criminal offense as listed in Texas Health safety Code 250.006.					