ENROLLMENT APPLICATION

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

PROGRAM: PATIENT CARE TECHNICIAN

PLEASE PRINT LEGIBLY

COURSE LENGTH: 12 WEEKS					START DATE				
PERSONAL INFORMATION									
LAST NAME:			FIRST NAME:			MIDDLE NAME:			
BIRTH DATE:	SOCIAL SECURITY No.:		AGE	AGE:		GENDER:		DL No.:	
MAILING ADDRESS									
STREET (number and name) :									
APARTMENT NO.	P.O BOX	P.O BOX							
CITY: STATE:				ZIP CC				CODE:	
DAY TIME PHONE NUMBER: ALTERNATIVE PHONE NUMBER:									
EMAIL ADDRESS:									
High School Diploma GED EDUCATION LEVEL									
Name of High School:					G	Graduation Year:			
IN CASE OF EMERGENCY									
Name of relative (not living at same address):			Relationship to	Applica	ant: Home pho		one 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.									