



## 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

Do you need assistance finding a clinical site?

☐ Yes

☐ No

Have you completed a job shadow with an EEG Technologist?

☐ 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 non-refundable 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