



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 Fifty Dollars (\$50) to:

Neurodiagnostic Technology Institute
2881 Delaney Avenue, Suite D
Orlando, Florida 32806
407-601-7832