



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**

Neurodiagnostic Technology Institute is currently approved to operate in the following states: AK, AZ, CA, DE, FL, HI, ID, IL, IN, IA, KS, MD, MO, NC, ND, OH, OK, PA, PR, SC, SD, TN, VT, VA.