



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: | <input type="checkbox"/> GED | <input type="checkbox"/> High School | <input type="checkbox"/> College |
| Will you be eighteen (18) years old or older at the time the first course begins? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you fluent in speaking and writing in English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you able to walk and stand for long periods of time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you able to lift forty pounds (40 lbs.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you able to pass a drug test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you able to pass a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you current or willing to become current in your vaccinations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you certified or willing to become certified in CPR? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you currently work in a health care facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you need assistance finding a clinical site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Have you completed a job shadow with an EEG Technologist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you currently performing the job of an EEG Technologist, EEG Technician, or EEG Monitoring Technician? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: _____

Applications can be emailed to admissions@mynticareer.com or faxed to 407-674-7988.

Application fees can be paid on our web site: NeurodiagnosticTechnologyInstitute.com

Applications and checks or money orders in the amount of Fifty Dollars (\$50) can be mailed 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, CA, FL, GA, HI, IL, IN, OH