



APPLICATION FOR ADMISSION

NAME:

First

Middle

Last

ADDRESS:

Street

City

State

Postal Code

TELEPHONE:

☐

Cell

☐

Home

☐

Work

EMAIL:

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

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 check or money order in the amount of Fifty Dollars (\$50) to:

Neurodiagnostic Technology Institute
1200 Kuhl Avenue, Suite D
Orlando, Florida 32806
407-601-7832