

Term: _____

Single Courses:
 PCT Phlebotomy
 BLS

Blended Courses:
 MA/ECG
 MA/ECG/Phlebotomy

LB Allied Health Training Center
 243-A South Chestnut Street
 Prattville, AL 36067
 (334) 730-0202



DATE _____

DIRECTIONS: PLEASE READ CAREFULLY AND ANSWER EACH QUESTION.

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

BIRTHDATE: ___/___/___

CHECK THOSE THAT APPLY

GENDER: FEMALE MALE

VETERAN / ACTIVE MILITARY: YES NO

ETHNICITY: AFRICAN-AMERICAN CAUCASIAN HISPANIC

OTHER _____

MARTIAL STATUS: SINGLE MARRIED DIVORCED SEPARATED

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN

Give the name of two references and attach their letters of recommendation

NAME (RELATIONSHIP) _____
 ADDRESS _____
 CITY, STATE, ZIP CODE _____
 HOME NUMBER _____
 MOBILE NUMBER _____
 EMAIL ADDRESS _____

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OFFICE ONLY: DIRECTOR INITIALS _____ DATE _____