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PROGRAM
◯ MA ◯ PCT ◯ ECG
◯ NA ◯ PHLEBOTOMY

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

DATE _____

DIRECTION: PLEASE READ CAREFULLY AND ANSWER EACH QUESTION.

LAST NAME: _____ FIRST NAME _____ MI: ___

ADDRESS: _____

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

HOME PHONE:_____ CELL:_____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ 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 CONVICTD OF A FELONY? YES/NO. IF YES, EXPLAIN

Give the name of two references and attach their letter of recommendations

NAME (RELATIONSHIP)_____
ADDRESS _____
CITY, STATE, ZIP CODE_____
HOME NUMBER _____
MOBILE NUMBER_____
EMAIL ADDRESS_____

_____

NAME (RELATIONSHIP)_____
ADDRESS _____
CITY, STATE, ZIP CODE_____
HOME NUMBER _____
MOBILE NUMBER_____
EMAIL ADDRESS_____

OFFICE ONLY: DIRECTOR INTIALS _____ DATE _____