**Medication Technician Application**

Complete this form and return with your non-refundable $125.00 registration fee (can be paid through website link). Incomplete information will cause delay in processing your application. Please send completed application and required documents to [lovelicaresvcs@gmail.com](mailto:lovelicaresvcs@gmail.com).

*Everyone will be required to pass a Math Assessment and Reading Comprehension tests. A score of 80% on each test is required to pass.*

Please answer all questions

Today’s Date...................................

Name:............................................................................................................................................... Address...............................................................................................................Apt#...................... City..................................................................State................................................Zip ................... Home phone#...............................................................Work Phone #............................................ Email Address................................................................................................................................... MD ID #.................................................DOB...................................SSN #....................................... Emergency contact name....................................................................Phone #...............................

Name of Current Employer…………………………………………..…………………………………………………………….. ..........................................................................................................................................................

Address............................................................................................................................................Phone #.......................................................Position......................................................................... Supervisor.........................................................................................................................................

How did you hear about LoveLi care Services, LLC?.........................................................................

By signing below, I certify that the information I have provided are true and complete to the best of my knowledge and understand that all information provided will be used by First Career Center to determine my qualification for admission. I understand that any false, misleading, or incomplete answer statement or implication made by me in connection with this application or the application process, or any failure to disclose any relevant information, shall result in the denial and /or revocation of admission including dismissal and may also lead to future denial and or revocation of acquired certification. I shall not be considered for admission until I have satisfied all requirements for and complete application for admission. I also understand that LoveLi Care Services, LLC reserves the right to cancel/reschedule a class when deemed necessary.

Signature of Applicant.......................................................................Date........................................