Academy of Healthcare Technology Management

13785 Research Blvd, Ste 125
Austin, Texas 78750
www.academyofhtm.org

STUDENT ENROLLMENT APPLICATION

PROGRAM: **Healthcare Technology Management Diploma**	

LAST NAME:	FIRST NAME:	MIDDLE:

MAILING ADDRESS:

CITY:	STATE:	ZIP:

PHONE NUMBER:	ALT PHONE NUMBER:
EMAIL:	REFERRED BY:

Social Security Number:	D.O.B:	Id: State, Federal, International

I understand, Academy of Healthcare Technology Management reserves the right to change the start and end dates or cancel the program at its discretion.   We will not do this unless there is something catastrophic occurs,
Signature:

Declaration of health: I confirm, I am in a good health and capable of performing clinical skills and duties.
Signature: n/a unless performing onsite training

Declaration of High school graduation or equivalency: I confirm, I have High school diploma or equivalent.
Signature:

EDUCATION HISTORY
(Please list the name and year(s) attended. For transfer credit evaluations, please send a copy of your transcript.)

High School/GED:	College/Vocational/Job Training:

REFERENCES (optional)

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE # :	PHONE # :

WORK HISTORY   Please state if you have any Biomedical Equipment Technician or relevant experience, thank you.

MOST RECENT EMPLOYMENT:	START & END DATE:
NAME OF COMPANY:	PHONE #:
ADDRESS:	CONTACT PERSON:

APPLICANT'S SIGNATURE:	DATE:

*If you have any questions before signing application and want to speak to a Program Director, call/text 512 296 0597