



Medical Career Institute
 27975 Old 41 Road, Suite 201
 Bonita Springs, FL 34135
 Office: (239) 992-4MCI
 Fax: (239) 405-8024

Student Application

Registration fee \$ 150.00 Non-Refundable

First Name:	Last Name:
Home Phone:	Cell Phone:
E-Mail Address:	

Home Address		Mailing Address (If Different)	
Street:		Street:	
Apartment #:		Apartment #:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

Date of Birth:	Social Security #:
Driver's License #:	DL State of Issue:

Race:	Ethnicity:
Sex:	Marital Status:

Emergency Contact	Preferred Contact Method
Name:	<input type="checkbox"/> Email <input type="checkbox"/> Text Messaging <input type="checkbox"/> Other Please list: _____
Address: _____ _____	List Cellular Provider for Text Messaging
Phone #: _____	Cell #: _____

Highest Education Level

- High School Some College Associates Degree Bachelor's Degree Master's Degree

How did you hear about us?

(Check all that Apply)

- Friend Internet Radio Newspaper Job Fair High School Flyer
 Department Flyer Other: _____

Courses Interested In

(Check all that Apply)

- EMT Paramedic FF II & II Phlebotomy EKG Technician
 ACLS PALS ITLS AMLS Other: _____

<u>Course</u>	<u>Registration Deadline</u>	<u>Start Date</u>	<u>End date</u>
EMT			
<input type="checkbox"/> Shift Friendly Day			
<input type="checkbox"/> Tues / Thurs Nights and Saturday day			
<input type="checkbox"/> Online Class			
Paramedic			
<input type="checkbox"/> Shift Friendly Day			
<input type="checkbox"/> Wednesday Only			
Firefighter I & II			
<input type="checkbox"/> Tues, Thurs Night, Saturday day	TBA		
Phlebotomy			
<input type="checkbox"/> Tuesday and Thursday Night	TBA		
EKG Technician			
<input type="checkbox"/>	TBA		

Student Shirt Size: _____

Student Signature: _____

Date: _____

Administrator Only

Admission Date:

Admission Rep:

Registration Fee Paid: