

Lawrence Memorial Certificate Programs Enrollment Form
170 Governors Avenue, Medford, MA 02155
781-306-6600 www.lmregis.org

Program of Interest:

- Medical Assistant
- Pharmacy Technician
- Magnetic Resonance Imaging (MRI) (Graduates of an accredited imaging program only)
- Computed Tomography (CT) (Graduates of an accredited imaging program only)

LAST NAME: _____ **FIRST NAME:** _____ **MI** _____

ADDRESS:

Street: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

EMERGENCY CONTACT NAME: _____ **PHONE:** _____

DATE OF BIRTH: _____ Male Female

DO YOU HAVE ANY CURRENT SKILLS OR CERTIFICATIONS? (Please describe): _____

LANGUAGES SPOKEN: _____

DO YOU HAVE A CRIMINAL RECORD? Yes No

ARE YOU A CITIZEN OF THE UNITED STATES? Yes No **GREEN CARD #:** _____

EDUCATIONAL BACKGROUND (Please List Most Recent First if applicable)				
HIGH SCHOOL/GED PROGRAM OR COLLEGES/PROGRAMS ATTENDED	YEAR(s)	DID YOU GRADUATE?	PROGRAMS OF STUDY	COURSES TAKEN

IF NO, DO YOU INTEND TO APPLY? Yes No

APPLICANT'S WORK HISTORY (Please List Most Recent First)				
EMPLOYER	POSITION	YEAR(s)	PT or FT	SALARY

Self-Assessment

1. I enjoy working with people more than machines or things. Yes No
2. I am familiar with computers. Yes No
3. I have a computer at home and use it regularly. Yes No

4. My keyboarding skills are: Poor Fair Good Excellent
5. My computer skills are: Poor Fair Good Excellent
6. I use a computer regularly in my job. Yes No
7. I think of an internship as a job which must be completed in order to successfully complete the program. Yes No
8. I can arrange my schedule to participate in a clinical internship: Yes No
9. When I complete this program, I would most like to:
- Work full time Work part time Attend school full time
- Attend school part time Both work and attend school

Write a brief state to answer the following questions.

1. Why are you interested in the program in which you are applying for and health care?

2. What would you like to do when you complete this program?

3. What would you like to be doing three (3) years from now?

How did you hear about this program?

Announcement at work: Former student: Other (please specify):

If you are interested in the MRI certificate program you should contact the Program Coordinator at 781-306-6658 to do prescreening. This Program is only open to graduates of an accredited imaging program.

Please return this completed application to the Admissions Coordinator, admissions@lmregis.org or fax 781-306-6142.

Acceptance in, and completion of any of these programs does not constitute a guarantee of employment with Hallmark Health System.

Mailing Address

Please send application to:

Admissions Coordinator, Lawrence Memorial Certificate Programs; 170 Governors Avenue, Medford, MA 02155-1643

The undersigned agrees that the information furnished on this Application for Admission form, together with all information and materials of any kind received, shall be completely confidential and shall not be disclosed to anyone, including the candidate and family of the candidate. The information given on this application form and other submitted documents is complete and accurate. All submitted materials remain the property of Hallmark Health System.

Applicant's Signature

Date

Applicants are advised that they must be of good moral character in order to be licensed in the program in which they are enrolled.

These programs are sponsored by:

