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 ___________________ M/F _____

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)

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<th>HIGH SCHOOL/GED PROGRAM OR COLLEGES/PROGRAMS ATTENDED</th>
<th>YEAR(S)</th>
<th>DID YOU GRADUATE?</th>
<th>PROGRAMS OF STUDY</th>
<th>COURSES TAKEN</th>
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IF NO, DO YOU INTEND TO APPLY? Yes _____ No _____

APPLICANT’S WORK HISTORY (Please List Most Recent First)

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<th>WHEN</th>
<th>PT OR FT</th>
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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 Admissions Coordinator at 781-306-6649 or admissions@lmregis.org to obtain a prescreening form. 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:

Hallmark Health System