

MelroseWakefield Healthcare Certificate Programs Enrollment Form
170 Governors Avenue, Medford, MA 02155
Telephone: 781-306-6600 Email: admissions@lmregis.org Website: www.lmregis.org

Program of Interest:

- 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. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone: _____ **E-Mail:** _____

Emergency Contact Name: _____ **Phone:** _____

Date of Birth: _____

Are you licensed through the ARRT, NMTCB, or other nationally recognized licensing body? : Yes: No:

How did you hear about this program?

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

Please send application to:

Mail: Admission Coordinator, Lawrence Memorial Certificate Program; 170 Governors Avenue, Medford, MA 02155

Email: admissions@lmregis.org

Fax: 781-306-6142

The information given on this application form and other submitted documents is complete and accurate. All submitted materials remain the property of Melrose Wakefield Healthcare. Acceptance in, and completion of any of these programs does not constitute a guarantee of employment with Melrose Wakefield Healthcare.

Applicant's Signature

Date

These programs are sponsored by:



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