

Continuing Education - ECG Technician Certificate Program

Application for Admission

REQUIRED: Application should be returned with a copy of one or more of the following: Resume/Unofficial Transcript/Professional Reference Letter.

Applications that are not signed, typed or neatly handwritten and accompanied by a resume, transcript and/or reference letter will not be considered for interview.

| | | | |
|--|---|----------------|------|
| Name: | | Date of Birth: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: | |
| Email Address: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| I would be interested in taking Phlebotomy in conjunction with ECG: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| I am working with a Workforce Partnership location: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Education:

| | | | |
|----------------------|------------------------------|-----------------------------|------------------------------|
| Degrees: | | | |
| Areas of Study: | | | |
| Credentials: | | | |
| Certificates: | | | |
| High School Diploma: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | GED <input type="checkbox"/> |

Professional/Work Experiences - List Last Three Positions

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| Company: |
| Position/Title: |
| Responsibilities: |
| Dates of Employment: |

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| Position/Title: |
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| Dates of Employment: |

What experience do you have working in the Healthcare field that is not listed above?

Please explain why you think you would be successful as an ECG Technician? Please include personal attributes, skills, former training or experience.

Signature: _____

Date: _____

Please mail the completed form and supportive documentation to:

JCCC
Box 26, Kathy Gill
12345 College Blvd, Overland Park, KS 66210
(or scan and email to kgill1@jccc.edu)