



388 Pleasant St., Ste. 305
Malden, MA 02148
institute@medpros.org

Medical Professional Institute

Application

Tel: (781) 397-6822
Fax: (781) 397-8811
www.mpi.edu

You may attach a resume, but please complete this application as well by printing in ink or typing.

Medical Professional Institute is an equal opportunity school, and does not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose. Please provide any other names used on any of your educational or employment records if they differ from that written below.

Last name	First	MI	Social Security Number	Date of Birth	Age
Street Address			Home Telephone	Work Telephone	
City	State	Zip	Alternative Telephone	Date of Application	

Are you a U.S. citizen? Yes ___ No ___ Are you authorized to work in the U.S.? Yes ___ No ___ Visa Type: _____
Are you authorized to work in the U.S.? Yes ___ No ___

Ethnic Origin (Optional - Statistical Purposes Only):
 ___ Asian/Pacific Islander ___ Black (Not Hispanic) ___ Hispanic ___ American Indian/Alaskan Native ___ White (Not Hispanic)

Course Applying For:
 ___ EKG Technician ___ Emergency Room Technician ___ Medical Assistant
 ___ Medical Office Administration ___ Nurse Assistant ___ Phlebotomy Technician ___ Phlebotomy/EKG Technician

Time of Class Preferred:
 ___ Morning (9am-2pm) ___ Afternoon (1pm-5pm) ___ Evening (6pm-10pm) ___ Saturday (9am-5pm)

Have you ever applied at Medical Professional Institute before?	How were you referred to Medical Professional Institute?
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Means of Transportation: Car Public Transportation Both	E-mail Address: _____
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PROFESSIONAL LICENSES (Do NOT include your driver's license)

Type: _____ Reg.#: _____ Expires: _____ State: _____

RESOURCES FOR TUITION

Explain your resources for tuition

If your tuition will be provided by another person, please provide his/her name, address, and telephone number, his/her relationship to you, and a signed statement from the person indicating that he/she will assume the responsibility of paying the total amount of the tuition.

Name: _____ Relationship: _____
 Address: _____ Telephone # _____

(Please enclose the signed statement.)

EMERGENCY CONTACT INFORMATION

Please state who Medical Professional Institute should contact in case of an emergency.

Name: _____ Relationship: _____
 Address: _____ Telephone # _____

EDUCATIONAL HISTORY

School Name and Location (City, State)	Major Course or Subject	Dates Attended		Graduated		Degree
		From	To	Yes	No	
High School						
College/Technical School						
Other Education/Training						

Last or Present Company		Type of Business	Position or Title	
Street Address			Brief Description of Job Duties	
City	State	Zip code		
Supervisor's Name		Phone Number		
Base Salary	Dates Worked From	To	Reason for Leaving	

Please write a paragraph explaining your career goals.

Have you **EVER** been convicted of a felony, or, misdemeanor, or, charged with a criminal offense? Yes _____ No
 If yes, please furnish details of conviction, offense, location, date, and sentence.

I grant permission to conduct reference checks, and I release Medical Professional Institute and its affiliates from all liability resulting from this inquiry and from releasing my personal information to the officials whenever requested. I hereby certify that the answers and other information on this application are true and correct and that I understand that any misrepresentation or omission of facts on my part will be justification for immediate dismissal. I understand that Medical Professional Institute does not guarantee employment after this course is completed. I understand, also, that I am required to abide by all rules and regulations of Medical Professional Institute. I understand that Medical Professional Institute reserves the right to discharge students who do not comply with its rules and regulations, and to cancel or delay the starting date of any program, due to insufficient enrollment.

Signature of Applicant:

Date: