

# AMERICAN MEDICAL SCIENCES CENTER

225 WEST BROADWAY, SUITE # 115., GLENDALE CALIFORNIA 91204 TEL. (818)240-6900. FAX (818)240-6902

## APPLICATION FOR ADMISSION

LAST NAME\* FIRST NAME\* MIDDLE NAME SS# DMV ID#

/ /

DATE OF BIRTH (MM/DD / YY)\* COUNTRY OF BIRTH\* COUNTRY OF CITIZENSHIP\*

ADDRESS\* STREET CITY COUNTRY ZIP CODE

F  M

HOME PHONE\* EMERGENCY PHONE\* GENDER\* MARITAL STATUS\*

PRESENT EMPLOYER STREET CITY COUNTRY ZIP CODE WORK PHONE

### PREVIOUS EDUCATION\*

HIGH SCHOOL/COLLEGE/ POSTSECONDARY/UNIVERSITY	PROGRAM	EDUCATIONAL LEVEL	LOCATION	GRD. DATE

### PROGRAMS

- DIAGNOSTIC MEDICAL SONOGRAPHY 1980 HOURS / 78 WEEKS\*       GENERAL ABDOMINAL SONOGRAPHY 810 HOURS / 36WEEKS  
 ECHOVASCULAR TECHNOLOGY 720 HOURS /30 WEEKS       OFFICE MANAGEMENT 720 HOURS / 32 WEEKS  
 Vocational Nurse

### STATISTICAL DATA\*

- U.S. Citizen       Resident Alien       Non Resident Alien       M-1  
 Hispanic       Black (non-Hispanic)       White (non-Hispanic)       Other

### REFERENCE

ADVERTISE (TV, PUBLICATION)

NAME

LAST

FIRST

PHONE

### Why do you want to enroll in our center?\*

Do you like to help people?       YES       NO

Do you have a medical background?       YES       NO

Are you prepared to work hard?       YES       NO

PROSPECTIVE STUDENT\* \_\_\_\_\_

SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE

ADMISSIONS REPR. \_\_\_\_\_

SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE

\*(Asterisk ) Precedes the fields required and must be completed by Non Immigrant Prospective Student