

University of Louisiana at Monroe

Division of Continuing Education

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EKG TECHNICIAN STUDENT APPLICATION

Print and complete all items. Incomplete applications will delay acceptance. Records submitted during the admissions process become part of the student's official file and are not returned to the student or released to a third party.

ENROLLMENT DATA

Have you ever filed an application for admission to the ULM EKG Program before (Circle One)? YES NO If yes, when?

PERSONAL DATA

SSN: _____

NAME: _____
Last First Middle (Former name(s) under which you registered at any college.)

LOCAL ADDRESS: _____
Number Street Apt.

City State Zip Code Parish/County

PERMANENT ADDRESS: _____
(If different from local address) Number Street Apt.

City State Zip Code Parish/County

EMAIL: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ FEMALE MALE

CITIZENSHIP: _____ If not U.S. Citizen, type of non-immigrant visa: _____
OR Alien Resident Number and date issued: _____

EMERGENCY CONTACT DATA

NAME: _____ DAY PHONE: _____ NIGHT PHONE: _____

ADDRESS: (Street, Apt. #): _____

CITY: _____ STATE: _____ ZIP CODE: _____

EDUCATIONAL DATA

HIGH SCHOOL: _____
Name of School City State Parish/County Graduation Date

GED: _____
Facility Completed At Score Date Completed

Are you currently attending a college or university (Circle One)? YES NO If yes, institution name: _____

Have you ever been suspended, dismissed or placed on probation at any college or university for scholastic or disciplinary reasons (Circle One)? YES NO If yes, give name of institution, date, and reason for this action below.

INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM

Have you ever been convicted, pled guilty, or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary (Circle One)? YES NO

Have you ever been committed to a correctional or training institution (Circle One)? YES NO

CERTIFICATION

I UNDERSTAND THAT THIS EKG PROGRAM IS PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY CHALLENGING. I HAVE NO MEDICAL OR OTHER CONDITION (HISTORY OR CURRENT) THAT WOULD PROHIBIT MY PERFORMANCE OF THE DUTIES OF A STUDENT EKG TECHNICIAN.

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSE OR INCOMPLETE INFORMATION MAY MAKE ME INELIGIBLE FOR ADMISSION TO OR CONTINUATION IN THE EKG PROGRAM. I DO HEREBY AUTHORIZE LOUISIANA POST-SECONDARY EDUCATION TO ACCESS MY ACADEMIC RECORDS.

Signature

Date