

**ENROLLMENT APPLICATION**  
**B & M Career Institute**  
 9550 Forest Ln Suite 515 Dallas, TX 75243  
 (214) 859-4936

**PROGRAM: NURSE AIDE**

**PLEASE PRINT LEGIBLY**

COURSE LENGTH: 4 WEEKS	START DATE
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**PERSONAL INFORMATION**

LAST NAME:	FIRST NAME:	MIDDLE NAME:		
BIRTH DATE:	SOCIAL SECURITY No.:	AGE:	GENDER:	DL No.:

**MAILING ADDRESS**

STREET (number and name) :

APARTMENT NO.	P.O BOX	
CITY:	STATE:	ZIP CODE:
DAY TIME PHONE NUMBER:	ALTERNATIVE PHONE NUMBER:	

EMAIL ADDRESS: \_\_\_\_\_

**High School Diploma**   
  **GED**   
 **EDUCATION LEVEL**

Name of High School:	Graduation Year:
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**IN CASE OF EMERGENCY**

Name of relative (not living at same address):	Relationship to Applicant:	Home phone no.:	Work phone no.:
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**ADMINISTRATIVE**

**How you first heard about us? :**

**NOTES**

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Student signature
Date

**NOTICE**

NB: NATCEP requires that the student cannot be listed as unemployable on the employees misconduct Registry [EMR] and cannot have been convicted of a criminal offense as listed in Texas Health safety Code 250.006.