

Southeastern Career Training Centers
Student Registration Form

Date: ___/___/___

Name: _____ Age: _____ DOB: ___/___/___

Address: _____ S.S. #: _____ - _____ - _____

Spouse Name: _____ Employment: _____

Are you employed? Yes__ No __ If so where: _____

Phone: Home (____) _____
Cell: (____) _____
Work: (____) _____

Education:
Did you graduate Yes__ No __ If yes what year _____.
Do you have a GED Yes__ No__ If yes what year _____.
Other information _____

Medical Paraprofessional Occupational Programs (Check intended course of study)

_____ Clinical Medical Assistant (CCMA)	404 hrs.	\$3500.00
_____ Phlebotomy Technician (CPT)	185 hrs.	\$2250.00
_____ Medical Lab Assistant (CMLA)	222 hrs.	\$2500.00
_____ Pharmacy Technician (CPhT)	185 hrs.	\$2250.00

I _____ am completing this application for admission into the program indicated above. I plan to attend classes as soon as the enrollment process is complete and classes begin. I also understand that upon completion of this registration form I must present a copy of my High School Diploma or GED, S.S. Card and Drivers License.

Signature: _____ Date: _____

*For More Information Contact Lisa Rigdon @ 601-939-8773
Fax completed registration form to 601-939-8707 Attn Lisa Rigdon*

“Helping Others Help Themselves”