



8647 Mathis Avenue Suite 202  
 Manassas, VA 20110  
 Phone: 571-222-6600 Fax: 571-222-6601  
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 www.excelhealthinstitute.com

## Medication Administration Training Admission Application

### Admission Requirements:

1. Completed application form
2. Applicants must be at least 18 years old
3. Administration fee

<b>Student Full Legal Name</b>		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Street Address		Apt #
City	State	Zip
Home Phone:		Cell Phone:
Email:		
How would you prefer announcements sent to you? <i>Cell H Phone email (circle one)</i>		
Date of Birth:    /    /	Social Security Number:	Gender: <u>  </u> M <u>  </u> F

### Education

Name of High School Attended:		
High School Diploma Yes <u>  </u> No <u>  </u>	GED Yes <u>  </u> No <u>  </u>	If yes, date awarded:

### Current Employer:

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### Emergency Contact Information

Name:	Relationship
Address:	
Phone:	

### Please indicate which class schedule you are registering for:

<input type="checkbox"/> Weekday Program	
<input type="checkbox"/> Weekend Program	

**\* The above information is true to best of my knowledge and I understand falsification of information can result in termination from the Medication Administration training program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail the completed application with the Administration Fee to:  
 Excel Health Institute LLC  
 8647 Mathis Avenue Ste. 202  
 Manassas VA 20110  
 Make Checks and Money Order payable to: Excel Health Institute LLC.

\*Administration Fee is NON REFUNDABLE.\*  
 You will be notified if there is a change in your program start date due to poor enrollment or other reasons. Your enrollment will default to the new schedule unless you apply for withdrawal and refund from the program.