



8647 Mathis Avenue Suite 202  
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 www.excelhealthinstitute.com

## Medication Aide Refresher Course Admission Application

### Admission Requirements:

1. Completed application form
2. Medication Aide Certificate/License
3. Applicants must be at least 18 years old
4. 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:		
<i>How would you prefer announcements sent to you? Cell H Phone email (circle one)</i>		
Date of Birth:    /    /	Social Security Number:	Gender: _M _F

### Education

Name of High School Attended:		
High School Diploma Yes__ No__	GED Yes__ No__	If yes, date awarded:
Previous CMA/RMA Training? Yes __ No __	Did you graduate? Yes __ No __	If yes, date of graduation:

### 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"/> RMA	<b>Type of Medication Aide Refresher Course</b>
<input type="checkbox"/> CMA	

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

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

Mail the completed application with the \$75.00 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.