



United Medical Institute

5280 Auburn Blvd., Sacramento, CA 95841
 Ph: (916) 334-5118, Fax: (916) 334-6852
 Web: <http://www.unitedmedicalinstitute.com/>

APPLICATION/ REGISTRATION FORM

Personal Information:

_____ (First Name) _____ (Last Name)

_____ Present Address _____ Apt. or Suite #

_____ City _____ State _____ Zip

Social security # _____ Date of Birth: ___/___/___ _____ Driver's License/ID No: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address 1: _____ Email Address 2: _____

Program Selection:

Please select ONE of the following programs:

Check only ONE session:

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Ultrasound Technology | Morning | Evening |
| <input type="checkbox"/> Cardiovascular Technology | Morning | Evening |
| <input type="checkbox"/> Vascular Technology | Morning | Evening |
| <input type="checkbox"/> Medical Assistant | Morning | Evening |
| <input type="checkbox"/> Massage Therapy | Morning | Evening |

Start Date: _____

Education Information:

Please list any formal Training you have had:

School	Location	Major	From	To	Diploma/Degree

Please list any prior medical experience: _____



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OPTIONAL CONFIDENTIAL DATA COLLECTION:

United Medical Institute participates in various funding programs which require the collection of student demographic and personal data. United Medical Institute does not discriminate because of race, color, sex, religion, or national origin in any activity. The collection of this data is optional for the student and will only be used for reporting purposes to regulatory agencies.

Ethnicity

- Nonresident alien
- Hispanic/Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Race and ethnicity unknown

Gender

- Male
- Female

Veteran Status

- None
- MI VA
- MI AD
- MI Spouse/Dependent VA
- MI Spouse/Dependent AD

EMERGENCY CONTACT:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

PERSONAL REFERENCES:

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

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PROFESSIONAL REFERENCES:

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Application Checklist:

Please check each item as you complete them and include them along with the application:

Completed

Items required to complete Application process

- Completed Application/Registration Form
- \$100.00 Registration Fee (Non-Refundable)
- Copy of H.S. Diploma or Equivalent
- Transcripts from previous schooling (if applicable)

APPLICANTS STATEMENT:

I hereby certify that the information provided in the above student application is true and complete to the best of my knowledge. I understand that if accepted into United Medical Institute, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize United Medical Institute to verify my background (education, prior experience, references, criminal, etc.) as to my qualifications and desirability as a student. I hereby release any person, educational body, employer, and given references from any and all claims of whatever nature that the undersigned might have as a result of a response given to inquiries made by United Medical Institute.

Signature of Applicant: _____

Date: _____