AMERICAN INSTITUTE FOR SURGICAL EXCELLENCE

606-383-2045 | info@americaninstituteforsurgicalexcellence.com

Application for Admission

Endoscopic Vein Harvesting Program

Answer all questions; please TYPE or Print using blue or black ink)

Name _____
First Middle Last Maiden Name

Male ___ Female ___ Email_____

Street Address_____
Street and Number City State County Zip

Permanent Mailing Address (if different from above)_____

Social Security # (Last 4 Digits) _____ Phone (_____) _____

Cell Phone (____)_____ Business Phone (_____) _____

EDUCATION

Official Transcript(s) must be received upon acceptance into the program. If transcripts are not received within the two weeks of class, the student will be withdrawn from class. All schools and colleges attended must be listed for the application to be complete. **Transcripts should be sent to info@americaninstituteforsurgicalexcellence.com**

Name of School	Location	From MM/YY	To MM/YY	Diploma, Degree Certificate?	Major/Minor
College or Univ.					
College or Univ.					

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Professional Licenses/Certifications

Please attach a copy of your Licenses/Certifications.

Type	State Issued	Number	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience

List current employer. Please attach a copy of your resume or CV. You must also include a letter of recommendation from your current employer.

Employer _____Full-time_____ Part-time_____

Street Address_____

Street and Number City State County Zip

Supervisor's Name_____ Title_____

Telephone (____)_____ Ext. _____

Dates Employed: From_____ to _____ Job Title_____

MM/YY MM/YY

Job Duties _____

_____

_____

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Emergency and Follow up Contact Information

Please provide information about the person to call in case of emergency or to follow up if you are unable to be reached.

Name _____ Relationship_____Phone_____

Address _____

Read and sign the following

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission from American Institute for Surgical Excellence, LLC. I understand that illegal use, possession, and or misuse of drugs are reasons for immediate dismissal from the surgical first assistant program. I understand that background checks and drug screenings are routinely used at most healthcare facilities for employment purposes. I understand that a criminal background check is a requirement for enrollment due to the requirement at the clinical agencies. American Institute for Surgical Excellence does not guarantee employment at any facility upon completion of the program. I understand that I must meet all requirements to obtain my completion certificate.

_____

Printed Name

_____ _____

Signature Date

Return application, resume and letter of recommendation to:

American Institute for Surgical Excellence
info@americaninstituteforsurgicalexcellence.com