



COLLEGE OF BIOMEDICAL EQUIPMENT TECHNOLOGY
 11550 IH-10 West, Suite 190
 San Antonio, Texas 78230
 210.233.1102
 844.879.9043
 www.cbet.edu

APPLICATION

PERSONAL INFORMATION

Name:				Social Security Number:	
Address:				Drivers License Number:	
City:				Phone Number:	
State:		Zip Code:		Cell Phone Number:	
Email (Primary)				Date of Birth	

PROGRAM OF INTEREST AND EXTERNSHIPS (Select one of the following)

 BIOMEDICAL EQUIPMENT TECHNICIAN
 CERTIFICATE PROGRAM

 ASSOCIATE OF APPLIED SCIENCE DEGREE
 BIOMEDICAL EQUIPMENT TECHNOLOGY-IDL

Educational Needs Assessment (select one)

College of Biomedical Equipment Technology's (CBET) accredited programs are designed to meet the needs of (1) individuals seeking vocational training and job placement support; and, (2) career professionals seeking avocational professional development education and training. *Select the option that best describes your needs:*

 I am seeking vocational training and career services, including job placement assistance, upon successful completion of the AAS-BMET degree (15 months) program or BMET Certificate (31 weeks) program.

 I am already employed in a biomedical equipment and healthcare technology management field and do not require career services or job placement assistance. Provide employment information below.

Current Employment Information

Company/Employer:	
Company Website:	
Company Address:	
Current Job Description:	
Employer Name (Supervisor):	
Start Date:	
Hourly Wage:	

EXTERNSHIP OPTIONS

CBET requires AAS-BMET degree applicants to participate in an Externship as a condition of graduation. Applicants are required to select from one of the following:

_____ **OPTION 1** - I elect to participate in an externship offered by a CBET affiliate hospital or healthcare facility. (Reasonable travel may be required).

_____ **OPTION 2** - I elect to extern at my place of employment or a location near my home. I understand that CBET will provide support but cannot guarantee an externship at a nonaffiliated hospital or healthcare facility.

EXTERNSHIP LOCATIONS

AAS-BMET Applicants must identify a minimum of two possible externship locations. Possible externship locations include hospitals, independent service organizations, medical device manufacturers, and healthcare technology management providers.

Externship Site #1 (Facility Name):

Address (City/State/Zip):

Point of Contact (Title and Name):

E-Mail Address:

Phone Number:

Externship Site #2(Facility Name):

Address (City/State/Zip):

Point of Contact (Title and Name):

E-Mail Address:

Phone Number:

STUDENT ATTESTATIONS (Initials required in each block)

	Program Schedule Changes: I understand, the College of Biomedical Equipment Technology may exercise discretion and reserves the right to change the start and end dates of classes.
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	Declaration of health: I am in good health and capable of performing externship duties. I agree to comply with all vaccination requirements stipulated by externship providers before starting an externship.
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	Background Check: I understand a background check may be a condition of an externship. I agree to comply with all background check requirements stipulated by externship providers before starting an externship.
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	Declaration of High School graduation or equivalency: I confirm, I have a High School diploma or equivalent. I also agree to provide official records of education and training before enrollment.
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ACADEMICS

High School Name: Address: Graduation Year:
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College Name: Address: Degree Attained: Years Attended:

PROFESSIONAL REFERENCES

Name:	
Phone:	
E-Mail:	

Name:	
Phone:	
E-Mail:	

ENROLLMENT DOCUMENT REQUIREMENTS

The following documents must be provided prior to enrollment:

- Copy of a government issued identification card (Driver's License, Passport, Military ID, etc.)
- Official Transcripts for students seeking transfer credit evaluations
- High School Transcript/GED
- DD Form 214 (Member Copy) and Joint Service Transcript (*Military and Retired Military Only*)

Submit all documentation information directly to admissiondept@cbet.edu

CBET assesses a \$100 application fee.

By signing the applicant acknowledges the stipulations and conditions of admission to the College and attests to the accuracy of the information provided.

Applicant Signature: _____ **Date:** _____