



TRAINING ENROLLMENT APPLICATION

Part I Personal and Emergency Contact Information

Name (Last, First, MI):		Phone Number:
Street Address:		
City:	State:	Zip Code:
Preferred E-Mail Address:		
Emergency Contact Information:		
Contact Name:		Relationship:
Phone Number:		E-Mail Address:

Part II Employment / Employer

Please complete this portion in its entirety if your employer is funding your education.

Job Title:	Company Name:
Street Address:	Work Email:
City/State/Zip:	
Supervisor Name:	
Supervisor E-Mail Address:	
Supervisor Phone Number:	

Parts Source Pro Customer

Yes No

Please select the course(s) in which you will be enrolling.

Method of Payment

Notes:

Applicants with concerns regarding the admissions and enrollment process are encouraged to contact the Training Department where we have enrollment advisors and career counselors available to answer your questions and guide you through the application and enrollment process.

Any required documentation will be requested by the Training Department, generally through your employer, and should be sent directly to the Training Department at business@cbet.edu.

Students are encouraged to review the course catalog for complete program details, school policies, and other requirements. Learn more at <https://cbet.edu/course-catalog/>.

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

Applicant Signature: _____ Date: _____

MISSION STATEMENT

“The College of Biomedical Equipment Technology delivers premier education and training in Healthcare Technology Management (HTM) and Information Technology (IT) to equip students to meet the evolving needs of the industries we serve.”