



## Monterey Bay Institute of Electrology APPLICATION FOR ENROLLMENT

**Select Salutation:**                      ( ) Mr.                      ( ) Mrs.                      ( ) Miss                      ( ) Ms.                      ( ) Other

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Submit a copy of current Driver License # or other acceptable photo ID with the application:

License # \_\_\_\_\_ State: \_\_\_\_\_ Expire: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell/other #: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Education:      Submit a copy of your High School Diploma, Equivalent (GED) or Higher, with the application:**

Name of High School or College: \_\_\_\_\_ City, \_\_\_\_\_ State: \_\_\_\_\_

**Work Experience, Duties and Responsibilities (Please Attach your Resume):** \_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**In Case of Emergency Contact:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Hobbies & Interests:** \_\_\_\_\_

Why are you interested in the Field of Electrology?

\_\_\_\_\_  
\_\_\_\_\_

How were you referred to the Monterey Bay Institute of Electrology? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

**ENCLOSE \$175.00 APPLICATION FEE (Non-refundable) PAYABLE TO:**

**Monterey Bay Institute of Electrology**

Robert F, Von Essen, LE, CPE

Assistant Director / Administrator

444 Pearl Street | Suite B-1 | Monterey, CA 93940-3018

(831) 643-2100

Students enrolled in a Hybrid (HDL) course must submit the following documents at the start of their practical portion of the course.

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**HEALTH CERTIFICATE  
DOCTORS FORM**

In order for (Name) \_\_\_\_\_ to enroll as a student at *Monterey Bay Institute of Electrolgy*, the student must have a health certificate indicating good health and no communicable diseases. The student must receive vaccinations or show proof of vaccination for the following: The Institute has physical requirements that must be satisfied before a student's attendance.

- Hepatitis Dates of vaccine \_\_\_\_\_
- Tuberculosis (TB) Date of vaccine \_\_\_\_\_
- Tetanus Date of vaccine \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

**"MBIE is to be notified by the attending Doctor if any results are positive."**

I authorize the doctor to share the required information with MBIE.  
Attach copies of Proof of Vaccinations. I understand this information will be kept in my confidential student file.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EYE EXAM  
DOCTORS FORM**

Date: \_\_\_\_\_

In order for (Name) \_\_\_\_\_ to enroll as a student at *Monterey Bay Institute of Electrolgy*, specific physical requirements must be met. In addition, the student must show proof of their visual acuity to perform detailed operations. A document providing exam information no older than one year (12 months) must be submitted before being accepted into the program.

Last Date exam performed: \_\_\_\_\_ Prescription glasses required: Yes ( ) No ( )

Signature of Optometrist/Ophthalmologist: \_\_\_\_\_

**I authorize the doctor to share the required information with MBIE.**

Attach a copy of the document from the last exam. I understand this information will be kept in my confidential student file.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Monterey Bay Institute of Electrolgy requires a health certificate from a physician stating that you are in good health with no infectious diseases and have received or received the following vaccinations: hepatitis series, tuberculosis test, and a current tetanus vaccine.

If you decline to have the vaccination (s), you will be required to complete and sign this form.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_