

Monterey Bay Institute of Electrology
APPLICATION FOR ENROLLMENT

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

Name: _____ Birth Date: _____

Social Security #: _____ Driver's License: _____ State: _____ Exp: _____

Home Phone # : (____) _____ Cell/Other # : (____) _____

Current Address: _____ City: _____ State: _____ Zip: _____

Education: _____ Email: _____

High School 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

2600 Garden Road, Suite 207

Monterey, CA 93940

(831) 643-2100

Robert F, Von Essen

Assistant Director/Administrator

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 prior to a student’s attendance. The Institute is obligated to protect their staff, students, and customers from possible infectious diseases.

Hepatitis Dates of vaccine _____

Tuberculosis (TB) Date of vaccine _____

Tetanus Date of vaccine _____

Signature of Doctor: _____ Date: _____

“MBIE is to be notified by 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: _____

EYE EXAMINATION

DOCTORS FORM

In order for (Name) _____ to enroll as a student at **Monterey Bay Institute of Electrolgy**, certain physical requirements must be met. The student must show proof of their visual acuity to perform detailed operations. A document providing information of an exam no older 1 year (12 months) must be submitted prior to being accepted into the program.

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

Signature of Optometrist/Ophthalmologist: _____ Date: _____

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 communicable diseases. You have received or are receiving 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: _____

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