



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 your 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 \$225.00 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.

**HEALTH CERTIFICATE
DOCTORS FORM**

In order for (Name) _____ to enroll as a student at *Monterey Bay Institute of Electrology*, 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 _____ a test for the immunity
- 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: _____

**EYE EXAM
DOCTORS FORM**

Date: _____

In order for (Name) _____ to enroll as a student at the *Monterey Bay Institute of Electrology*, 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 Electrology 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: _____