



A-Step Registration

Location: Richardson, TX Hillsboro, OR

1. PERSONAL INFORMATION

Name: _____ Gender: M F
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Email: _____

Emergency Contact Name: _____
Last First

Emergency Contact Phone #: _____

2. BACKGROUND

High School Graduate or GED Y N

Associate Degree in Science of Health Related Field Y N

If yes, please describe degree obtained: _____

BLS certification Y N Exp. _____

Have you ever completed the following courses?

Medical Terminology Y N

Anatomy & Physiology Y N

Chemistry Y N

Biology Y N

3. PHYSICAL REQUIREMENTS

In order for our students to successfully complete the course syllabus the following minimum physical abilities are required. If you are not able to complete the below physical abilities, please describe in the comment section following.

	<input type="checkbox"/> Y	<input type="checkbox"/> N
Stand	—	—
Reach with Hands	—	—
Climb	—	—
Talk	—	—
Hear	—	—
Visual Acuity	—	—
Walk	—	—
Sit	—	—
Stoop, kneel, crouch or crawl	—	—
Lift or move up to 50 lbs frequently	—	—

Comments: _____

4. REFERENCES

Name: _____ Phone #: _____

Work Personal

Name: _____ Phone #: _____

Work Personal

Name: _____ Phone #: _____

Work Personal

5. BILLING INFORMATION

Credit Card Type: Visa MasterCard

Credit Card #: _____ Exp Date: _____/_____/_____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

*In order to gauge individuals truly interested in taking our course, there is a mandatory **NON-REFUNDABLE** deposit of **\$500** due at the time of registration.*