



Electroneurodiagnostic Technology Program
Boston Children's Hospital
EEG Lab Fegan 9
300 Longwood Avenue
Boston, Massachusetts 02115
phone 617-355-7970 fax 617-730-0463
www.childrenshospital.org/end

Application for Admission

Complete the following application and mail to address above along with your application fee of \$100 (non refundable) made payable to Children's Hospital Boston.

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Email :			
Citizenship Status			
US Citizen: (circle one) Yes No If not a US citizen, what is your Visa Type?			
*What is your country of origin?			
If not a US citizen, are you a permanent resident alien of the U.S.? : (circle one) Yes No			
Resident Alien Number			
Foreign Address			
Emergency Contact			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
Education			
Name of school attended	City / State	Dates attended From to	Certificate /Diploma or Degree received



Employment Information			
Employer:			
Employer address:		Employed From:	To:
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Supervisor	
Employer:			
Employer address:		Employed From:	To:
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Supervisor	
Employer:			
Employer address:		Employed From:	To:
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Supervisor	
Employer:			
Employer address:		Employed From:	To:
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Supervisor	



Personal Reference 1				
Name				
Address:			Phone:	
City:	State:		ZIP Code:	
Personal Reference 2				
Address:			Phone:	
City:	State:		ZIP Code:	
Personal Reference 3				
Name				
Address:			Phone:	
City:	State:		ZIP Code:	
Foreign Languages				
Do you speak any foreign languages? If so, list them:				
Language	Read?	Write?	Speak?	Fluency
Signatures				
I hereby affirm that the information provided by me on this application is true and complete, and I understand that any falsified information may disqualify me from further consideration for admission to this program or dismissal from the program if already admitted. I authorize the verification of the information provided on this form as to my references and employment.				
Signature of applicant:			Date:	