# CARETECH
## Training Institute

**Enrollment Form**

First Name: _____ Last Name: _____ MI: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____

Availability for Courses:　　　Weekdays ☐

　　　　　　　　　　　　　　　Weekends ☐

Purpose for taking the class?

_____

_____

_____

How soon do you need to take the Initial Administrator Certification Course (IAC)?

Last week ☐　　　　　This week ☐　　　　　Next week ☐　　　　　Next month ☐

*Thank you for your interest in CARETECH Training Institute!*