Dear Student:

Thank you for your interest in applying for our EKG Technician Certification Preparation Course. Completion of this program will enable you to apply for employment in one of the largest growing healthcare field in response to the increase need for medical services. Opportunities exist in hospitals, diagnostic centers, doctor offices and outpatient care facilities. This 50-hour comprehensive course prepares student to function as an EKG Technician and to take the ASPT Electrocardiograph (EKG) Technician exam.

**The total cost of the course is $1,068 (which includes a non-refundable fee of $100)** and must be paid in full at the time of registration. A textbook is required for this course and is fee is included in the cost. The student is also responsible for the $85 fee for the national exam, which is paid at the time of the examination. If for some unforeseen reason, you wish to withdraw from the course, you will receive a refund in the amount of $968 ($1,068 minus the registration fee), if you withdraw at least 10 days before the start of the course. If you withdraw less than 10 days before the course begins, you will forfeit the entire fee of the course. Please note that applicants will be enrolled on a first come, first serve basis. Class size is limited, by state regulation. To check the upcoming class dates, schedules are available at [www.mccc.edu/ecs/healthcareers](http://www.mccc.edu/ecs/healthcareers).

If you should have any questions or need assistance, please contact Martha Redondo at redondom@mccc.edu or send an e-mail to ComEd@mccc.edu. All application materials should be sent to:

Martha Redondo, Project Manager/Site Coordinator  
Center for Continuing Studies  
Mercer County Community College  
1200 Old Trenton Road  
West Windsor, NJ 08550  
redondom@mccc.edu

Again, than you for your interest in MCCC’s EKG Technician Certification Test Preparation Course- we look forward to hearing from you soon!
Center for Continuing Studies
Mercer County Community College
EKG Technician Program Application

Date: ________________

Personal Information

Name: ________________________ _________________________ _______
Last     First     M.I.

Address: _________________________________________________________________
Street     City  State  Zip

Contact Numbers:   (      )_______________________ Home
(      )_______________________ Work
(      )_______________________ Cell

E-Mail Address: __________________________________

Gender:  □Female    □Male

Are you over the age of 18?  □Yes    □No  Date of Birth: _______________________

Emergency Contact:
Name _____________________ Relationship _____________________ Contact Number

Education Background

Do you have a high school diploma or its equivalent?  □Yes    □No
If yes: ______________________________  ____________________________
Name of High School    City, State

Date of Graduation: _______________________
                 (MM/YYYY)

Do you hold a college degree?  □Yes    □No
If yes, please indicate:

Name of College ______________________________  City, State

___________________________ □Associates    □Bachelors    □Masters    □Doctorate
Area of Study

Dates Attended (MM/YYYY to MM/YYYY) _____________________ Degree Confirmed (MM/YYYY)

Please indicate the campus you are interested in attending?  □West Windsor    □Trenton