

Nurses & Medical Assistants Application for Enrollment

Please print & submit this application by Fax: 949-248-9339 or Email to Atoussa@kleinmd.com

Last Name _____ First Name _____ MI _____

Name you would like to be called (Nickname) _____

Degree (choose one): PA, NP, RN, or Other (please specify) _____

Name of the physician you work with: _____

Street Address: _____

City _____ State/Province _____ ZIP _____

Telephone (Office) _____ Tel (Cell) _____

Fax: _____ E-Mail _____

Have you ever been disciplined by a state licensing board? No Yes

Have you ever had medical malpractice insurance canceled, or limited? No Yes

Have you had chemical abuse or dependency within the past 5 years? No Yes

Gender: Male ___ Female ___

Size of Surgical Scrubs: XS, S, Med, LG, XL, XXL

Dates of course for which you are applying? _____

Concurrent Nursing Course: Fees for the Nursing TLC (\$2,500) will be waived if the nurse is attending the course with a physician. Requires \$500 deposit which will be refunded upon completion of the course by the nurse. Space limited to 5 applicants (first come, first serve basis).

Signature of applicant _____ Date _____