



## Technical Student Information

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

**Welcome to ReMedPar. We are excited that you have chosen us for your Technical Training needs.**

- This is my first time to attend a ReMedPar training class.
- I have previously attended a ReMedPar training class. Please list class/es attended: \_\_\_\_\_

My service experience level is: Entry Mid Expert (circle one)

If experienced, what machines? \_\_\_\_\_

\_\_\_\_\_

What are your expectations of the training class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Business Information

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone/Email: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**For account updating purposes, please list other technicians that work at your location on diagnostic imaging equipment.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Information

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary address for mailing and promotions:

- Home
- Business

What is your preferred method of contact? (*Phone, fax, e-mail, etc.*) \_\_\_\_\_

Your safety is our priority during your training with ReMedPar. Please complete the following information for our files in case of an emergency.

Student's cell/contact number: \_\_\_\_\_ Name of Hotel: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_