**Texas Education Healthcare Service**

**Application**

**Personal Information**

*Please enter your name as it appears on your official government document.*

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*Street Address City State Zip Code*

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*Phone # Email Address*

Gender: 🞎 Male 🞎 Female DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

*Please email a copy of below information along with application.*

Are you currently BLS/ACLS certified? 🞎 Yes 🞎 No Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a copy of Board Orders? 🞎 Yes 🞎 No

Do you have liability insurance? 🞎 Yes 🞎 No

**For Administrative Personnel Only**

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| --- | --- |
| **Payment:** 🞎 Yes 🞎 No | **Student I.D.:** |