



CL Training Institute

509 Springridge Road Suite I Clinton

Mississippi 39056

Phone: 601-624-1307

Email: cltraininginstitute@gmail.com

Website: www.cltraininginstitute.com

Enrollment Agreement Thank you for your decision to become a student at CL Training Institute LLC, here after referred to as the “Center”. The name of the educational program in which you are enrolling must be listed on the application _____ . All instruction will be held online and onsite 509 Springridge Road Suite I, Clinton, MS 39056. All instruction, enrollment agreements, disclosures and statements of any course are only available in English. Therefore, proficiency in the English language is a requirement for admission into CL Training Institute LLC.

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Education:

Work Experience:

Program of Interest: _____

_____ Advanced Phlebotomy (525)	_____ Traditional Phlebotomy (925)
_____ Phlebotomy 2 Day Workshop (325)	_____ Medical Assistant (2300)
_____ Medical Laboratory Tech Assistant (3325)	_____ Patient Care Technician (1425)
_____ Medication Aide (550)	_____ Carpentry-Basic (3325)
_____ Pharmacy Technician (825)	_____ Urine Drug Collection (425)
_____ Health and Wellness Workshop	_____ Business Startup Workshop
_____ CPR/BLS	

All above programs have the non-refundable registration fee of 75.00 included in the tuition. There is no application fee.

Background checks are needed for some programs. This will not be known until clinical site is assigned to the student. Drug screening is linked to the clinical site. As well as TB skin testing.

Signature: _____ Date: _____

Office Use Only

Reviewed: _____

Approved: _____

Not Approved: _____

Applicant Contacted: _____ Date: _____