

Texas Education Healthcare Service

Application

Personal Information

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

First Last Middle Initial

Street Address City State Zip Code

Phone # Email Address

Gender: [] Male [] Female DOB: _____

Lic#: _____ RN/LVN: _____

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

Payment: Yes No

Student I.D.:

