

# NINE WELLNESS CENTRE™

Permanent Cosmetics Dermapigmentation Division™

3113 Gose Cove Ln • Knoxville, Tennessee 37931

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## DERMAPIGMENTATION TRAINING ENROLLMENT APPLICATION

Enrollment Application Date \_\_\_\_\_ Referred by \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_ Hrs \_\_\_\_\_

Occupation \_\_\_\_\_ Business License # \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Case of Emergency, person *not* living with you to contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_ Yes \_\_\_ No If Yes, Please Explain in Detail:

Physician's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Please list any medications you are now taking and for what reason: \_\_\_\_\_

Do you currently have any medical or otherwise condition that would adversely affect you while training in the study of Dermapigmentation? If so, please explain \_\_\_\_\_

Do you have any prior Medical Training, Certifications and or Experience? \_\_\_ Yes \_\_\_ No

If Yes, Please list all Medical Training, Certifications and or Experience: \_\_\_\_\_

Have you received any prior Dermapigmentation Training and or Experience? \_\_\_ Yes \_\_\_ No

If Yes, Please list all Dermapigmentation Training and or Experience: \_\_\_\_\_

Please specify the State and County you will practice Dermapigmentation in: \_\_\_\_\_

If applicable, state the Physician's name and address where you will be performing Dermapigmentation Procedures:

Please specify all Dermapigmentation Training Course(s) you are applying for Student Enrollment in:

\_\_\_ Basic - Cosmetic Dermapigmentation (Please specify which Course you are applying for A, B or C): \_\_\_\_\_

\_\_\_ Advanced - Paramedical Dermapigmentation \_\_\_ Advanced - IV Step Eye Contouring Dermapigmentation

Please specify the date you are available to begin Dermapigmentation Training Course(s): \_\_\_\_\_