



**ALPA CARE Educational Co.**  
e-mail add: [alpacare.educational@gmail.com](mailto:alpacare.educational@gmail.com)  
+971502259963 / +971508492772  
SEC Reg. No. PG 201200640

## ENROLLMENT PROCEDURE

## WELCOME

Thank you for choosing **ALPA CARE Educational Co.** as your guide to be a successful Respiratory Therapist. We are delightful to give you the best of education and learning with high quality standard in the field of Respiratory Therapy.

Here are the steps on how to start your application with us:

- Letter of Intention should send through our website at [alpacare.educational@gmail.com](mailto:alpacare.educational@gmail.com),
- Once we received your letter of intention, we will send you an application form to be filled out.
- You will be notified if you are qualified and have passed the requirements.
- Payment should be made through bank deposit at **BDO SM Southmall branch**  
**CAROLYN REYES-UY ACCOUNT NO #: 1120111151**
- Send us a copy of deposit slip as proof of payment.
- Once payment has been confirmed, we will process the delivery of the manual in a minimum of 3 days depending on your location.
- Program course will start immediately upon receipt of the manual.

ALPACARE FORM 001



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**RESPIRATORY THERAPIST'S  
REFRESHERS COURSE PROGRAM**

**APPLICATION FORM**

**PERSONAL INFORMATION**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

(NOTE: Please indicate where you prefer to deliver the manual)

GENDER: \_\_\_\_\_

AGE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ALPACARE FORM 002**



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## EDUCATION INFORMATION

- I. COLLEGE: \_\_\_\_\_  
II. COURSE: \_\_\_\_\_  
YEAR GRADUATED: \_\_\_\_\_

## EMPLOYMENT

(Please indicate from present to previous)

- I. INSTITUTION \_\_\_\_\_  
CLASSIFICATION: PRIVATE  GOVERNMENT   
POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL YEAR OF SERVICE \_\_\_\_\_

- II. INSTITUTION \_\_\_\_\_  
CLASSIFICATION: PRIVATE  GOVERNMENT   
POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL YEAR OF SERVICE \_\_\_\_\_

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III. INSTITUTION \_\_\_\_\_

CLASSIFICATION: PRIVATE  GOVERMENT

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

FROM	TO	TOTAL YEAR OF SERVICE
_____	_____	_____

I have agreed that all the information stated are true and correct to the best of my knowledge.

**CONFORME:**

\_\_\_\_\_  
**SIGNATURE ABOVE PRINTED NAME**

\_\_\_\_\_  
**DATE**