Applicant Name: ____________________________________________________

Applicant: Please initial each line to the left of the required document, indicating the document is included.

_____ Physician Statement of Applicant’s Medical Condition (MCOLES form). The form should be completed by an Occupational Health Doctor (prior to your appointment go through the list of required tests with the doctor’s office). (Fee involved)

_____ Medical History Statement (MCOLES form – submit to your physician at the time of physical examination).

_____ Completed LiveScan form (MCOLES form) showing fingerprints. (Fee involved)

_____ Proof of passing the MCOLES Reading/Writing test. (Fee involved)

_____ Proof of passing the Pre-Enrollment Physical Fitness test. (Fee involved)

_____ Copy of the front and back of your driver’s license.

_____ Copy of your birth certificate and any changes of legal name.

_____ Transcripts have been requested and sent to the Registrar at LMC, if applicable.

_____ Declaration of Accommodations

_____ Proof of CPR/AED certification

Turn all required documents in by 5:00 p.m. EDT, April 19, 2024. Submit in person to Director Brad Byerle at the Todd Center on LMC’s Benton Harbor campus. Call ahead 269.927.8154 to confirm Director’s schedule and availability.