

# REGISTRATION FORM EDUCATE THE EDUCATOR WORKSHOP

NAME \_\_\_\_\_ SS NO. \_\_\_\_\_

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

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION:      ADMINISTRATOR      NATCEP INSTRUCTOR      NON-NATCEP INSTRUCTOR

OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

WEST VIRGINIA RN LICENSE NO. \_\_\_\_\_

POST HIGH SCHOOL EDUCATION \_\_\_\_\_

REQUESTED DATE FOR WORKSHOP	REGISTRATION DEADLINE
<b>SEPTEMBER 25, 26 &amp; 27, 2017</b>	<b>SEPTEMBER 11, 2017</b>
<b>FEBRUARY 5, 6 &amp; 7, 2018</b>	<b>JANUARY 22, 2018</b>
<b>MAY 7, 8, &amp; 9, 2018</b>	<b>APRIL 23, 2018</b>
<b>JULY 30, 31, &amp; AUGUST 1, 2018</b>	<b>JULY 16, 2018</b>

**\*\*PLEASE INDICATE IF YOU ONLY WISH TO ATTEND THE THIRD DAY**

**SOCIAL SECURITY NUMBER DISCLOSURE:** Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you. In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, a delay in processing, or your name not being placed on the West Virginia Nursing Assistant Registry.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please include the \$250 fee per person (\$100 for third day only) when submitting this registration. Facility checks, money orders, or certified checks (no personal checks will be accepted) should be made out to PHD,LLC, and mailed to P.O. Box 399, Ona, WV 25545 **two weeks PRIOR** to workshop date.

Payment Options:      Certified Check      Facility Check      Money Order      VISA      MC      DISCOVER

Credit Card # \_\_\_\_\_ Expiration Date(MM/YYYY) \_\_\_\_\_ Card ID# \_\_\_\_\_

Amount to charge card \_\_\_\_\_

Type name as it appears on credit card \_\_\_\_\_ Phone Number \_\_\_\_\_

Card Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_

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

Authorized Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_