

**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. _____

REQUESTED DATE FOR WORKSHOP	REGISTRATION DEADLINE
January 13, 14, & 15, 2025	December 30, 2024
April 21, 22 & 23, 2025	April 7, 2025
June 9, 10, & 11, 2025	May 26, 2025
September 22, 23, & 24, 2025	September 8, 2025

3 DAY WORKSHOP \$225.00

3rd DAY ONLY \$75.00

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 \$225 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 _____

REVISED 10/2024