REGISTRATION FORM
EDUCATE THE EDUCATOR WORKSHOP

NAME_____ SS NO._____

HOME
ADDRESS_____

E-MAIL ADDRESS_____

HOME PHONE_____WORK PHONE_____

EMPLOYER_____

POSITION ☐ ADMINISTRATOR ☐ NATECP INSTRUCTOR ☐ NON-NATCEP INSTRUCTOR

OTHER

ADDRESS_____

WEST VIRGINIA RN LICENSE NO._____

POST HIGH SCHOOL EDUCATION_____

_____

REQUESTED DATE FOR WORKSHOP:	**REQUESTED REGISTRATION BY**
☐ JANUARY 9, 10, 11, 2012	December 27, 2012
☐ APRIL 23, 24, 25, 2012	April 9, 2012
☐ JULY 23, 24, 25, 2012	July 9, 2012
☐ NOVEMBER 12, 13, 14, 2012	October 29, 2012

****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 $200 fee per person ($75 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.