



## TB INSTRUCTOR COURSE REGISTRATION FORM

*You can type your information directly into this form. You will not be able to save; print before closing.*

- **All participants must be registered with their trainer no later than \_\_\_\_\_ prior to the course date.**
- **Payment and registration must be received with the required documents as one submission.**
- **Course fees are non-refundable.**

Name

Home Street

Home City State Zip

Home Email Home/Cell Phone

Employer Name

Employer Street

Employer City State Zip

Business Email Business Phone

Date you want to take class

Date of your first basic class Date of your last basic class

Location of your last basic class Instructor of your last basic class

Your registration will be returned if you are missing any of the following:

- Payment
- Registration form
- Copy of licensure or a healthcare-related 4-year degree
- Copy of current TB card