

— the —
MASON CENTER
FOR HEALTHCARE EDUCATION

Application for IV Certification Course

Financial obligation: The cost of the course is \$120. Program cost is due in full ten calendar days before the start of in-person classes. The Mason Center will not collect tuition more than ten days before a program's scheduled start date. Students can pay the course cost by Cash, Money Order, or Cashier's Check.

Section 1: Personal Information

(Please note that to change a name that is already in our system, we must have documentation of proof of name change.)

Name:

Last First Middle Maiden

Previously used names:

Address:

Street Apt# City State Zip code

Telephone numbers:

Home Cell

Email-Address(required):

Date of birth: _____ **Place of birth:** _____(city/state)

Social Security Number: _____ - _____ - _____

Section 2: Course of Interest

Please write the course date that you are interested in: _____

Are you an LPN or RN: _____

Section 3: Application Attestation

I further attest that: 1. I have read the application and attached admission policy and agree I meet the admission requirements 2. All statements on the application are accurate and complete; and 3. I am of sound judgment and moral character.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

For office use only: Application accepted: _____ Yes _____ No Date reviewed: _____

Person who reviewed application: _____

Notification to applicant sent via _____ email _____ mail _____ phone Date sent: _____

Facility applicant: _____ Yes _____ No If yes, list facility: _____

