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Registration Form**Complete and mail to: Jackie Brown Pee Dee AHEC PO Box 100551 Florence, SC 29501-0551****Tel # (843) 777-5348 or Fax # (843) 777-5354****Program title:** IV Therapy **Program Date(s)** _____ **Registration Fee:** \$125.00**Statement of Responsibility for Competency assessment***To be signed by a representative of the employing agency*

I acknowledge that the applicant meets the eligibility requirements for this course and that the employing agency is responsible for determining the competency of the LPN through clinically supervised return demonstration based on agency-specific policies, procedures, and standing orders.

Signature of Immediate Supervisor_____
Date

Participant Name _____ Title _____ Date of Birth ___/___/___

Gender M F Race American Indian or Alaska native Hispanic or Latin
 Native Hawaiian or Other Pacific Islander
 White Underrepresented Asian
 Asian (not underrepresented) Black or African American

Licensure RN LPN other (specify) _____ Department _____Home Phone _____ Work Phone _____ Personal ID _____ / _____ / _____
Birth month/ day/ last 4 digits of SS#

Fax # _____ E-Mail address _____

Work Mailing address _____ Zip _____

Employer _____ Employer County _____

Evaluation Requirements:

Pee Dee AHEC will be evaluating the degree to which this learning experience has enhanced the healthcare provider's knowledge/skills and the extent to which those skills support your healthcare organization's business needs.

Participant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____

Business Phone _____

Supervisor: _____

Phone: _____

I certify that the above named applicant has met the pre-requisites for this educational offering. I agree the program's behavioral objectives are linked to the business challenges of our organization and to the performance expectation of the above named participant. I agree the employing institution will be responsible for input used in measuring training impact/results as outlined under evaluation requirements on this brochure and as recommended by Pee Dee AHEC

Signature of Immediate Supervisor: _____ Date _____

***Please return this completed form along with your registration form to Pee Dee AHEC.**