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## Patient Care Certification Examination Huntington, West Virginia

Wednesday, May 30, 2018

Triad Tech
, 431 5th Avenue

Beginning: 6:00 P

For Site Directions Call...304 529 7020

## Registration Form (Type or PRINT PLAINLY):

Application and exam fee (\$165.00 when submitted 30 days prior to any event):

Application and exam fee (\$185.00 when submitted less than 30 days prior to an event):

\*Walkins are no longer accepted

## NO CASH - CHECK OR MONEY ORDERS ONLY

Mail completed application and make fees payable to:

ASPT
PO Box 1831
Hickory, North Carolina 28603

ast Name:		First Name:				MI:	_
Mailing Address:							
Dity:	State:	Zipcode:	Da	y Phone: (	) - (	) - (	)
Are you nationally certified?	Your t	training program	was: On the jol	0	forma		<del></del>
Employed by:			Years:	Title:			
SS#	Exam #	X82205	Check#/MO		Amount:		
mportant: When you sign up for a phieb mesently procuring blood in accordance Students are responsible for submitting v Your supervisor or instructor mus	with the Instit erifia <b>ble</b> docu	unions operating pumentation of 100	venipunctures an	ing to blood	Concons.		e d
Sup/Inst. signature:		D	ate:	_ Phone:			
A study outline and detailed confirmate prior to the examination date to ensure circumstances beyond our control. If another exam, you must re-apply for "Walkins are no longer accepted. FAXED APPLICATIONS ARE REJE	re notification ees are non certification.	n of exam eligibility refundable. If for a	y and location; or, anv reason vou ar	any changes e unable to a	attend and w	ish to resch	edule for