

PEDIATRIC NURSING COURSE 2011

Registration Application

PLEASE COMPLETE & PRINT CLEARLY:

Name: _____

Address: _____

City/State/Zip: _____

Nursing License #: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Department: _____

Supervisor's Signature: _____

**Please check items that are being paid for with this application:
(Make check payable to CHW)**

Please check the course(s) for which you wish to register:

- September 7, 2011 _____
- September 14, 2011 _____
- September 21, 2011 _____
- September 28, 2011 _____
- October 5, 2011 _____
- October 12, 2011 _____
- October 19, 2011 _____

COURSE COSTS:

SSNA Employee: \$45.00 per day

Non-SSNA Employee: \$65.00 per day

**IF HOSPITAL IS RESPONSIBLE
FOR PAYMENT**

Send completed form to hospital facilitator.

IF SELF PAY –

Send completed form with payment to:
(make check payable to CHW)

Continuing Education Consortium
CHW – Strategic Learning Development
650 Howe Avenue, Suite 400
Sacramento, CA 95825

SSNA HOSPITALS

Barton Memorial, Catholic Healthcare West -
Greater Sacramento Svs Area, Fremont-Rideout,
Kaiser Capital Service Area, Kindred Hospital,
Marshall Hospital, Methodist Hospital, Northbay,
Shriner's Hospital, Sierra Nevada Memorial,
Sutter-Auburn, Sutter-Davis, Sutter Medical
Center, Sutter-Roseville, UC Davis Medical
Center & Woodland Memorial.

HOSPITAL FACILITATOR USE ONLY

Signature ***required by facilitator***
if hospital is responsible for payment.

FAX completed form to the CEC Coordinator
Fax: (916) 733-6286

Facilitator signature **required** if hospital is paying fee