



## IV Therapy Clinical Registration Request

**Return completed Registration Forms along with your payment to:**

**Email:** [register@infusionknowledge.com](mailto:register@infusionknowledge.com) • **Fax:** 727-442-6874

**Mail:** P.O. Box 8649, Clearwater, FL 33758

**Please complete all of the following information:**

Full Name (to appear on course certificate): \_\_\_\_\_

Professional Designation (i.e. RN, LPN, CMA, etc.): \_\_\_\_\_ License # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

How did you hear about this class?  Online Search  Friend  Employer

Ad in JAVA  Ad in INS Newsline  Ad in other Publication: \_\_\_\_\_

Flyer / Brochure (code in lower left corner: \_\_\_\_\_)  Other: \_\_\_\_\_

### Method of Payment

Check or Money Order  Visa  MasterCard  Discover  AmEx

Name (as it appears on credit card): \_\_\_\_\_

Address of Card Holder (if different than above): \_\_\_\_\_

Card # \_\_\_\_\_ Exp.: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature (initial if sending electronically): \_\_\_\_\_

### What class are you registering for?

I.V. Therapy Clinical Day - \$399

Date Scheduled: To Be Determined – Once we receive your Registration Request, Infusion Knowledge will call you with date availability.

***I have enclosed copies of the following required documentation:***

- Valid LPN / RN License
- Proof of Professional Liability Insurance
- Current CPR Card
- Documentation of completion of an IV Therapy 30-Hour Education Program (or approved equivalent) within the past 12 months

Date the above class was completed: \_\_\_\_\_  
(include a copy of your Certificate of Completion if education was not completed thru St. Petersburg College or Infusion Knowledge, Inc.)

Amount Enclosed: \$399

Participants must wear appropriate clinical attire (*i.e. uniform/scrubs*). Cell phones and beepers must be turned off upon entering any healthcare facility.

I have included a copy of my LPN / RN license, current CPR Card and professional liability insurance policy. I understand that I must wear proper clinical attire and cell phones / beepers must be turned off upon entering any healthcare facility.

I understand this Clinical opportunity is offered in conjunction with *St. Petersburg College* and my payment and registration information will be forwarded to them for processing.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

***Cancellation Policy***

Cancellation is subject to *St. Petersburg College* policies.

Please call *Infusion Knowledge, Inc.* at 1-800-337-1545 with questions.