



Advanced PICC Clinical Registration Request

Return completed Registration Forms along with your payment to:

Email: 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: _____ Cell 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?

Advanced Practice PICC Clinical (2 days) - \$1299

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 RN License
- Proof of Professional Liability Insurance (*minimum of 1 million / 3 million malpractice policy*)
- Current CPR Card
- Documentation of completion of PICC 101: PICC-Midline Education, PICC 102: Save That PICC and PICC 103: Advanced Placement of PICC's within the past 6 months.

Dates the above classes were completed: _____

Amount Enclosed: \$1299

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 RN license 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 the availability of PICC insertions cannot be guaranteed on any given day, and refunds can only be given if no live sticks are attempted.

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.