



## General PICC Clinical Registration Request

**Return completed Registration Form 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

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

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

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

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

Email Address: \_\_\_\_\_

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 (made payable to Infusion Knowledge, Inc.):**

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?**

General Practice PICC Clinical Day - \$649

**Note: Dates are scheduled upon request. Please list your date availability and/or day of the week preferences. We will check our instructor availability and get back to you with potential dates. All PICC Clinical Days are scheduled in the Tampa Bay Area.**

Date Availability: \_\_\_\_\_

Day of the Week Preferences (*any day Monday thru Friday except Thursday*): \_\_\_\_\_

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

- Valid RN License
- Proof of Professional Liability Insurance
- Valid CPR card
- Documentation of completion of PICC 101: PICC-Midline Education and PICC 102: Save That PICC (or approved equivalents) within the past 3 months

Dates that PICC-Midline Education & Save That PICC were completed: \_\_\_\_\_  
(include a copy of your Certificate of Completion if education was not completed thru Infusion Knowledge)

Amount Enclosed: \$649

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.

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

Once we receive your *General PICC Clinical Registration Request* we will check our instructor availability based on the dates that you have provided. We will contact you within 7 days of your request with potential dates. Payment will be due when a date is scheduled.

***Cancellation Policy***

*Infusion Knowledge, Inc.* must receive all cancellations in writing no later than 7 days prior to the class date. Refunds are generally not issued after that date unless mitigating circumstances apply.

We reserve the right to cancel any class if sufficient registrations are not received 1 week prior to any class date.

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