

STANDARD HEALTHCARE SERVICES, INC.

1073 West Broad St, Suite 201, Falls Church, VA 22046

Tel: 703-891-1787; Fax: 703-891-1789

MEDICATION AIDE REGISTRATION FORM

Name: _____
Last First

Address: _____

Are you a Nurse Aid? Yes No (If yes, please attach copy of certificate or license)

Telephone: (____) ____ - _____

Fee: _____ Amount Enclosed: _____

We Accept: Master/Visa/Amex/Discover. Please circle the type of card you will be paying with.

Credit Card #: _____ **Exp Date:** _____

Name on credit card: _____ **Zip Code:** _____

Security Code: _____

Signature: _____ **Date:** _____

Please return registration form and deposit in the amount of \$75.00 to the above address.

To secure a space in the class, a deposit of \$75 (seventy five dollars), in check or money order payable to **Standard Health Care Inc.**, must be received three days prior to the first day of class. No refund of deposit if cancellation is received less than three days before the start of a class.

Payment plan is available.