

# Nurses and Medical Assistants

## ***Application for Enrollment:***

*Please Print & Submit this Application by Fax: (206) 575-1881*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Name you would like to be called (Nickname) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Degree (choose one): PA NP RN or Other \_\_\_\_\_

Name of Attended University: \_\_\_\_\_

Name of the Physician you work with: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (Office) \_\_\_\_\_ Tel (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Practice Website (URL) \_\_\_\_\_

Have you ever been disciplined by a state licensing board? No Yes

Have you ever had medical malpractice insurance canceled, or limited? No Yes

Have you had chemical abuse or dependency within the past 5 years? No Yes

Size of Surgical Scrubs/Gown (choose one): XS S Med Lg XL XXL XXXL

Dates of Course for which you are applying? \_\_\_\_\_

How did you hear about Cosmetic Surgery Workshops? \_\_\_\_\_

### **Refund Policy**

If notice of cancellation is given 4 weeks (28 days) prior to the course starting date, then the deposit will be refunded minus a \$100 handling fee. If notice of cancellation is given less than 6 weeks prior to course starting date, then the entire deposit will be forfeited. However if it is possible to find a replacement student then only \$100 will be forfeited.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For Further Information: Telephone (206) 575-0300**

**Mailing Address: 16400 Southcenter Parkway Suite 101 Tukwila, WA 98188**