



REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE #: _____

E-MAIL: _____

SCHOOL: _____

COURSE(S) INTERESTED	COURSE	DATE YOU WISH TO ATTEND (CHECK SCHEDULE)	PRICE (CAD)
	NCLEX (15 day)		\$1200.00
	CPNRE (15 day)	\$400 / \$900 / \$1100 / \$1300	\$1200.00
	OSCE Review		\$900.00
	Intramuscular Injection		\$200.00
	IV Therapy and Phlebotomy		\$200.00
	Medication Administration		\$550.00
	Physical Assessment Basic/Advanced		\$600.00 / \$600.00
	Coronary Care 1 / 2		\$600.00 / \$600.00
	CPR Certification / Recertification		\$80.00 / \$60.00
	First Aid and CPR Certificaiton		\$140.00
	Mask Fitting		\$40.00
	Advanced Wound Care		\$450.00
	Laboratory Interpretation		\$400.00
	15-Lead ECG & Arrhythmia Management		\$600.00
	Medication Administration for PSW		\$550.00
	Nursing Procedures		\$630.00
	Ostomy Care and Management		\$200.00
	Central Venous Access Device		\$200.00
	Tracheostomy and Suction		\$200.00
	Wound Care		\$200.00
	Catheterization		\$200.00
	Food Handling		\$140.00

PLEASE COMPLETE THE OTHER SIDE

