

**CENTER FOR LEARNING**  
**Clinical Systems Education**  
**(FAX ONLY) REGISTRATION FORM**  
PHONE = 434-8953, FAX = 434-8649



Personal Data

Department Data

**Name:** \_\_\_\_\_  
(As listed on Social Security Card)

**Job Title:** \_\_\_\_\_  
(As listed on Badge)

**Work Phone:** \_\_\_\_\_

**Facility:** HRMC, PBH, CCH, \_\_\_\_\_  
(circle one) (other)

**Home Phone:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Class Date:** \_\_\_\_\_

**Login UID:** \_\_\_\_\_  
(example: ab123456)

**Class Time:** \_\_\_\_\_

**OR**

**SS#:** \_\_\_\_\_

**Director/  
Manager Name:** \_\_\_\_\_

**What class would you like to take? (circle one)**

**HBOC/STAR    SCM/KBC    OM    ED-Manager    Other \_\_\_\_\_**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Compliance with the Health First dress code is expected.*

**PLEASE NOTE:**

- **Print this form, fill it out and fax it to the number above. All fields are required for processing.**
- Pre-registration is required due to class size limitations.
- Please refer to the CFL policy & procedure regarding registrations and cancellations. It is located on our website: <http://intranet.health-first.org/departments/cfl/policy/index.cfm>
- HF Associates Class Confirmations are only available through Self-Service PeopleSoft (**Self Service>Learning and Development>Training Summary**). Please allow 48 hours to confirm class confirmations.
- By signing this registration form I acknowledge that if I cancel my registration, I will do so within 48 hours prior to the start time of this program. **If this program is of no cost to me and I fail to cancel, a \$10 fee will automatically be deducted from my paycheck.**
- It is expected that associates arrive to class 10 minutes prior to class start time.

**OFFICE USE ONLY: NO-SHOW FEE \$10.00**

Authorized by: \_\_\_\_\_

54 CFL – Revenue    050 600002 6400

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