

CLINICAL INFORMATICS

Melbourne Pro Health & Fitness
611 E. Sheridan Road
Melbourne, FL 32901



Clinical Systems Education (FAX ONLY) REGISTRATION FORM

PHONE = 434-8953, FAX = 434-8649

Personal Data

Name: _____
(As listed on Social Security Card)

Work Phone: _____

Home Phone: _____

Login UID: _____
(example: ab123456)

OR

SSN: _____
(Optional)

DOB: _____
(MM/DD/YYYY)

Department Data

Job Title: _____
(As listed on badge)

Home Facility: HRMC, PBH, CCH, VH,

Other _____ (circle one)

Department: _____

Class Date: _____

Class Time: _____

Director/
Manager Name: _____

What Class would you like to take? (circle one below)

SCM/KBC Order Mgmt FPI ED Manager SCM/KBC-View EDM-View Other _____

(See internet for descriptions of each class: Internet/Education/Clinical Computer Systems Education/Class Descriptions)

Above classes are conducted at Melbourne Pro Health unless otherwise noted on the Training Schedule.

Signature: _____ Date: _____

*Compliance with the Health First dress code is expected.

PLEASE NOTE:

- **Print this form, fill it out and fax it to 434-8649. 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.
- It is expected that associates arrive to class 10 minutes prior to class start time.