



NHA Review & Exam

Target Audience Center for Learning Phlebotomy students or must have at least 1 year experience as a Phlebotomist.

Speaker Mike Raddatz, NHA, CHI

Purpose Receive National Healthcareer Certification.

Dates Time and Location	Tuesday, March 6, 2012	6:00 pm – 10:00 pm	Rivercrest	Review Class
	Tuesday, March 13, 2012	6:00 pm – 10:00 pm	Rivercrest	Exam
	Tuesday, July 10, 2012	6:00 pm – 10:00 pm	Rivercrest	Review Class
	Tuesday, July 17, 2012	6:00 pm – 10:00 pm	Rivercrest	Exam
	Tuesday, October 30, 2012	6:00 pm – 10:00 pm	Rivercrest	Review Class
	Tuesday, November 6, 2012	6:00 pm – 10:00 pm	Rivercrest	Exam

Cost \$45 for Review Class payable to HFCFL. **Must** register and pay for NHA exam at www.NHANOW.com.

For More Information Contact LaLane Hayworth, 321-434-1969 or lalane.hayworth@health-first.org
Fax Registration to: 321-254-5151

Registration Confirmation Health First Associates: Confirmations only available through self-service People Soft HRMS HRMS ([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#))
Please allow 3 business days before confirming your registration.

Registration for Program Title Registration deadline: 3 days prior to program date

Check which session you will be attending: ___ Tuesday, March 6, 2012 & March 13, 2012
___ Tuesday, July 10, 2012 & July 17, 2012 ___ Tuesday, October 30, 2012 & November 6, 2012

Name	Title	
Mailing address	Professional license #	
City, state, zip	Phone H	W
Employment facility/unit	Universal ID	
E-mail		

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins to avoid losing my registration fee. If this program is of no cost to me and I do not cancel 48 hours in advance, a \$10 fee will automatically be deducted from my paycheck. A \$10.00 administrative fee will be charged on all refunds.

Signature (Required)

*Compliance with Health First dress code is expected.

OFFICE USE ONLY: NO SHOW FEE \$10.00		
Authorized by: _____	54 CFL – Revenue	050 600002 6400
Date: _____	55 CFL – Sponsorship	050 765830 6400