

NorthWest Arkansas Community College

Division of Health Professions Registration Form

Student Name (Last)			(First)							(MI)	
Social Security Number E-Mail											
Address	3:										
Address: Street City			State						State	Zip Code	
Home Phone: ()					Vork	Pho	ne: ()		
Gender: Date of Birth (Month/Day/Year):/											
Ethnic Origin: □ Asian □ Hispanic □ Black/African			□ American Indian/Alaskan □ White/Caucasian							n 🛮 Decline Respor	nse
Place an X in the first column to indicate which course you want to enroll. All classes will be held in the Center for Health Professions room 2011. Space is limited – you will be contacted via email once enrollment is complete.											
Х	Course Title	Office Use Only	М	Т	W	Т	F	S	Date	Time	Cost
	EMT Refresher Course	020151-1179		Х		Х			8/26/14 to 9/11/14	6:00pm-10:00pm	\$120.00
 understand that I must comply with the following three items below: submit this application to the address/email below at least two days before the scheduled class after registration form is submitted, I will receive an email confirmation and I must make payment to the NWACC cashier's office before the class*(If payment is made by third party billing – see instructions below) if I don't pay for the course, my CPR card will be held until payment has been made 											
Signature								D	Pate		
received	arty Billing – If a third party (yo with this registration form. An	y part of the tuition n	ot co	vered	d by t	the th	nird p	arty i	s your responsibility a		
payment	deadline. If you have any quest	ions regarding third pa	arty b	illing,	pléa	se ca	II me	at 47	9-619-2261.	. ,	

The letter of authorization should contain the following information:

- 1. Student's name and social security number
- 2. Third party name and address (letterhead is sufficient)
- 3. Course title, date, and tuition amount

Mail, E-mail or FAX registration form to:

NWACC Health Professions OR sslay@nwacc.edu OR 479-619-4254

Attn: Sherry Slay One College Drive Bentonville, AR 72712