



Competency Exam for Beginners

Registration Form

Exam Registration Fee: \$39

MAIL or EMAIL YOUR REGISTRATION

Date taking Examination: _____

Please Choose One Option: Home Health Hospice

Sponsoring State Association: CT Association for Health Care At Home Home Care Alliance MA

RI Partnership for Home Care Home Care Association of NH

Other: _____

Registration Information

Agency: _____ Contact Person: _____

Contact Phone: _____ Contact Email: _____

Agency Address: _____

Attendee 1 Name: _____ Fee \$39

Attendee 1 Email: _____

Attendee 2 Name: _____ Fee \$39

Attendee 2 Email: _____

Payment/Cancellation Policy: Payment must be made in full. No cancellations – No refunds. Substitutions permitted. Registration expires 3 months after purchase.

Payment Information: Please make check payable to: JLU Health Record Systems. Credit cards accepted on line through website www.jluhealth.com – Products Store Tab

Total Payment Enclosed: \$ _____

Confirmation email will be sent to contact person & attendee(s) for all registrations.