## **Nurses & Medical Assistants**

## Application for Enrollment: LIPOSUCTION 101

Please Print & Submit this Application by Fax: 949-248-9339

Last Name	First Name	MI		
Name you would like to be o	called (Nickname)			
	PRN or Other			
Name of the physician you	work with:			
Street Address				
City	State/Province	Z	IP	
Telephone (Office)	Tel (Cell)			
Fax:	E-Mail			
Have you ever been discipli	ned by a state licensing board	d? No Yes		
Have you ever had medical	malpractice insurance cance	led, or limited?	No Yes	
Have you had chemical abu	se or dependency within the	past 5 years? <b>!</b>	No Yes	
Gender: Male Female				
Size of Surgical Scrubs/Gov	vn (choose one): XS, S, Med,	Lg, XL, XXL, X	XXXL	
	ou are applying?			
Recommended Text: Tume	scent Technique: Tumescent Ar	nesthesia & Micr	ocannular Liposuct	<u>ion,</u> by Jeffrey
Klein, Mosby, 2000 (This book	k is currently sold-out; please	contact us for	an electronic copy	of the text).
Refund Policy				
If notice of cancellation is given 6	ss than 6 weeks prior to course star			efunded minus a \$100 handling fee. forfeited. However if it is possible to
CEU Credit				
The California Board of Nursing ce Units.	ertifies that this educational activity h	nas been recogniz	ed for up to 24 hours	of credit for Continuing Education
Concurrent with Liposuction 101 for TLC). A deposit of \$500 is required of no-shows or last minute cancell	d to reserve a spot. The deposit will ations). Surgeons may bring one ac vailable on a first-come basis. Nurse	ake an abbreviate be refunded once Iditional nurse for	e the nurse/assistant a the Nursing TLC for a	escent Liposuction Course (Nurses' attends the course (no refund in case a fee of \$1000 pending space ove application form. Telephone for
Signature of Applicant For Further Information: Teleph	one 949-248-1632Mailing Address	Date s: 30280 Rancho	e Viejo Road, San Jua	an Capistrano, CA 92675, USA