## **Nurses & Medical Assistants**

## Application for Enrollment: LIPOSUCTION 101

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

Last Name	t Name First Name			MI			
Name you would like to be called (No Degree (choose one): PA Name of the physician you work wit	lickname) NP RN h:	or Other					-
							_
Street Address City Telephone (Office) Fax:	State/r	Tel (Cell) E-Mail			-	ZIF	
Have you ever been disciplined by a Have you ever had medical malprac Have you had chemical abuse or de	tice insurance	canceled, or				No No No	Yes Yes Yes
Size of Surgical Scrubs/Gown (choo Dates of Course for which you are a	ose one): applying?	XS,	S, N	/led,	Lg,	XL,	XXL –
Recommended Text: Tumescent Tell Jeffrey Klein, Mosby, 2000 ( <i>This book of the text</i> ).							
Refund Policy If notice of cancellation is given 6 weeks (42 \$100 handling fee. If notice of cancellation is be forfeited. However if it is possible to find	s given less than	6 weeks prior to	course	starting	g date	, then th	
<b>CEU Credit</b> The California Board of Nursing certifies the Continuing Education Units.	nat this educationa	al activity has t	oeen rec	ognize	d for	up to 24	hours of credit for
Nursing Course Concurrent with Sur Concurrent with Liposuction 101 for Surg Liposuction Course (Nurses' TLC). A deponurse/assistant attends the course (no refu additional nurse for the Nursing TLC for a come basis. Nurse applicants must also co 949-248-1632.	geons, up to 5 n sit of \$500 is requ and in case of no fee of \$1000 pend	urses may tak uired to reserve -shows or last ding space avai	te an at e a spot minute d ilability. T	. The d cancella This co	leposi ations urse i	t will be ). Surge s made	refunded once the ons may bring one available on a first
Signature of Applicant For Further Information: Telephone 949-2 Mailing Address: 30280 Rancho Viejo Ro	248-1632			Da	ate_		
Mailing Address: 30280 Rancho Viejo Ro	ad, San Juan Ca	pistrano, CA 9	2675, US	SA			