

Nurse CEU Application

Please complete one application for each course being offered

Please complete all information on registration form. (PLEASE PRINT or TYPE)

CEU Application Fee: \$40.00 per course

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Work Fax: _____

License number: _____ Date License issued: _____ Expiration date: _____

State of Licensure: _____ Type/Level: _____ Name of Clinic/Center : _____

City, State: _____ Hospital Affiliation: _____

Management Company: _____ Position / Title: _____

Specialty: _____

Please Send My Confirmation Letter To:

- Email***
- Fax***
- Mail Address Above***
- Other:*** _____

Submit Registration Form & Fee To:

Advanced Hyperbaric Recovery of Marin
900 Larkspur Landing Circle, Ste 115
Larkspur CA, 94939
(415) 785-8652 • FAX (415) 785-8697
Info@improvehealing.com