



# National Association of Rural Health Clinics Certified RHC Professional™ (CRHCP)

## REGISTRATION FOR ON-LINE TRAINING

Final Exam Date

March 28-April 4, 2022

### SCHOLARSHIP RECIPIENT

RHC/Organization Name \_\_\_\_\_ PB Ind Non-RHC

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ CMS/PTAN \_\_\_\_\_

### Registrant Details

One form per registrant

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Work Email \_\_\_\_\_

Personal Email \_\_\_\_\_

Reminder emails are sent throughout the year regarding “things to know” and maintenance requirements. It is important to keep your profile on our website up to date with your most current contact information.

**Please take a moment to answer these few questions. Your answers will provide us better insight into what the course is offering and how we can better serve those in their roles managing a Rural Health Clinic.**

1. How long have you worked in your current position? \_\_\_\_\_
2. How long have you worked total in or with Rural Health Clinics? \_\_\_\_\_
3. How did you hear about the course? \_\_\_\_\_

*Disclaimer: As a scholarship recipient, you agree to have your final score released to the SORH*

**By submitting this form, you agree to the cancellation policy.**

*In the event you need to cancel your registration, you will need to contact your State Office of Rural Health directly. Once a participant has accessed the course, a refund will no longer be available. If a participant has not accessed the course, you will be eligible for transfer of registration fees to another participant or a full refund less a \$25 administration fee. Again, all cancellations must go through your State Office of Rural Health. If you have any questions or concerns, please reach out to us.*

**Save this form to your computer, then email, or mail it to:**

*Your State Office of Rural Health*