Faculty of Health Sciences
Continuing Education

Douglas College

Health Data Classification Refresher Program

Application Form

Please tick one:

☐ I have previously taken a course at Douglas College If known: Student # _____

☐ I have never taken a course at Douglas College

Please print:

Surname: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email: _____ *Circle one:* Male Female

Date of Birth: dd / mm / yy _____ / _____ / _____

Fee: $600 (course materials extra)

PLEASE ATTACH PROOF OF GRADUATION FROM A CHRA RECOGNIZED PROGRAM

PLEASE NOTE: On-line registration is not available for this course

Method of Payment: *please tick one box*

❑ Cheque enclosed, payable to **Douglas College**

❑ VISA ❑ MasterCard

Card # _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Mail to:
Maria Cordeiro
Faculty of Health Sciences Continuing Education
Douglas College, Room D1017 – DLC
PO Box 2503
New Westminster, BC V3L 5B2

Fax to:
Maria Cordeiro
Faculty of Health Sciences Continuing Education
604-777-6498

Walk-in:
Room D1017 - DLC
Douglas College
1250 Pinetree Way
Coquitlam, BC

OFFICIAL USE ONLY

Semester: _____ ❑ Registered & Paid in Full

CRN: _____

_____ _____

Program Signature Date Registration Clerk Signature Date