



### Registration to audit the FertilityCare™ of Practitioner Program of NEI.

The purpose of this form is to register attendees who will audit Education Phase I or Phase II of the FertilityCare™ Practitioner Program. Costs to audit the Education Program include \$75 per day, \$550.00 (book fee), and personal meal/travel expenses. The facility has a full kitchen for cooking and storing perishable and nonperishable items. Private rooms are assigned to each attendee, bedding included. Shared bathroom facilities. Please bring a towel and personal toiletries.

Dates you are requesting to attend \_\_\_\_\_

1. Name (print): \_\_\_\_\_ SS # \_\_\_\_\_
2. Home Address: \_\_\_\_\_  
\_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone Home:(\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_
5. FAX: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_
6. E-mail: \_\_\_\_\_
7. Primary language: \_\_\_\_\_
8. Record Yes or No if you been needing overnight accommodations during the Education Phase \_\_\_
9. Contact Person in case of an emergency including a phone number: \_\_\_\_\_
10. Number of days and which days you are planning to attend: \_\_\_\_\_

For students who are enrolled in another accredited FertilityCare Practitioner Program and using this Education Phase as a requirement for that program.

Name of Education Program you have been accepted into:

\_\_\_\_\_

I hereby give permission to the **FertilityCare Practitioner Program of Northeast Indiana** to share information with the accredited program listed above, regarding grades and performance of this student during the Education Phase

Signature \_\_\_\_\_ Date \_\_\_\_\_