

Area L AHEC

Department of Continuing Medical Education (CME)

You may use this form to register for this program. Submit this form today to reserve your seat. Complete this form in its entirety and legibly.

Gender: M F

Ethnicity (optional):

Last Name:

First Name:

SS# (last 4 digits ONLY):

Personal Mailing Address:

County:

Home Phone: ()

Home Email:

Employer Name:

Degree/Credentials (i.e. MD, RN, LPN):

Employer Mailing Address:

County:

Work Phone: ()

Work Fax Number: ()

Work Email:

Job Title/Department:

Would you like to receive scheduled CME program directly by email?

Yes No

Discipline: Circle all that apply.

Mental Health Allied Health Nursing
Medicine Pharmacy Public Health

HELP US PROVIDE QUALITY CE/CME PROGRAMS FOR YOU!

What topics would be most beneficial for you to improve performance, knowledge, and competency? Explain.

Please return this form by email or fax to Shante West at:

shante.west@arealahec.org

(252) 972-0419 (fax)