

AMERIMED, LLC

5694 Mission Center Road, #367
San Diego, CA 92108

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San Jose, CA 95124

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IV Therapy/Blood Draw Certification Registration

Date of Registration: _____

Name: _____ Ph: _____ Cell: _____

Address _____

Email: _____ Class date: _____

Currently licensed: yes or no License Number: _____ Expires: _____

You can complete training as a student or graduate but California LVN licensing board **will not certify any student who is not licensed.** AmeriMed, LLC will submit your certificate when you provide a license number. It is the student's responsibility to provide AmeriMed, LLC a license number upon issuance of their LVN license. Upon receiving this information, AmeriMed, LLC will submit the completed certificate to the Board. Only the Provider can submit your certificate. *Please sign that you have read and understand this previous statement*

_____ Date _____
Student's signature

All class dates are subject to change or cancellation. In this event, student will be notified promptly.

Fee for class: \$200.00 Please make checks payable to: AmeriMed, LLC: Mail to 5694 Mission Center Rd., #367, San Diego, CA 92108 Deposit required: \$50.00 due upon registration. Deposit is non refundable This will be applied if the class is rescheduled within six months. Balance is due day of class. This balance will be refunded if cancellation is received 1 week prior to class. After that time balance may be applied to a rescheduled class.

Below line for office Use

Deposit required: \$50.00 due upon registration Date received: _____

Balance due (\$150.00) day of to class : Date received: _____

Date received notification of license number: _____

Date Certificate sent to Board: _____