

Texas Tech University Health Sciences Center Anita Thigpin Perry School of Nursing  
Continuing Nursing Education Program Registration

Name \_\_\_\_\_  
Last First Middle

Home Mailing Address \_\_\_\_\_  
Number Street

City State Zip

DAYTIME Phone (\_\_\_\_) \_\_\_\_\_  
Last 4 digits SS #

E-mail \_\_\_\_\_

Have you attended a TTUHSC Continuing Nursing Education course before?

Yes  No

Check here to be added to our mailing list or if you have a change in address.

Academic Preparation (check all that apply)		Ethnicity	Age	Gender
<input type="checkbox"/> Nursing	<input type="checkbox"/> Non-Nursing	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> 20-30	<input type="checkbox"/> Female
<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Black not of Hispanic origin	<input type="checkbox"/> 31-40	<input type="checkbox"/> Male
<input type="checkbox"/> Master's	<input type="checkbox"/> Master's	<input type="checkbox"/> White not of Hispanic origin	<input type="checkbox"/> 41-50	
<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 51-60	
<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate	<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> 61 & over	
<input type="checkbox"/> Associate				
<input type="checkbox"/> Vocational				

Primary Practice Speciality (Mark ONLY One)			
<input type="checkbox"/> Administration	<input type="checkbox"/> Emergency Nursing	<input type="checkbox"/> Oncology	<input type="checkbox"/> QA/Risk Management
<input type="checkbox"/> Case Management	<input type="checkbox"/> General Nursing	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Community Health	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Office/Clinic	<input type="checkbox"/> Retired
<input type="checkbox"/> Correctional/Prison/ Jail Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Other (Please specify below)
<input type="checkbox"/> Education (School of Nursing)	<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> Psychiatric/Mental Health	_____ (other)
<input type="checkbox"/> Education (Inservice/Staff Development)	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Public School Nurse/ISD	

Present Position (Mark ONLY One)	Employment Setting (Mark ONLY One)
<input type="checkbox"/> Administration	<input type="checkbox"/> Clinic
<input type="checkbox"/> Director of Nursing	<input type="checkbox"/> Office/Private Practice
<input type="checkbox"/> Asst. Director of Nursing	<input type="checkbox"/> Correctional/Prison/Jail
<input type="checkbox"/> Charge Nurse	<input type="checkbox"/> Home Health Agency
<input type="checkbox"/> Head Nurse	<input type="checkbox"/> Hospice
<input type="checkbox"/> Clinical Specialist	<input type="checkbox"/> Hospital
<input type="checkbox"/> Consultant	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Inservice Education/Staff Development	<input type="checkbox"/> Nursing Student
<input type="checkbox"/> Educator in School of Nursing	<input type="checkbox"/> Nursing Student Currently Unemployed
<input type="checkbox"/> Public School Nurse	<input type="checkbox"/> Public Health Agency
	<input type="checkbox"/> Public School System/ISD
	<input type="checkbox"/> School of Nursing
	<input type="checkbox"/> State School
	<input type="checkbox"/> Retired
	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Other (Please specify below)
	_____ (other)




<b>ADVANCED FETAL MONITORING</b>	November 5 _____ November 6 _____ \$109 by 10/23; \$124 after deadline	Fee \$ _____
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Major credit cards (shown at right) now accepted. Please check box by preferred card.

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature Required Here \_\_\_\_\_

PLEASE RETURN TO: TTUHSC-CNE Program-3601 4th Street STOP 6233-Lubbock, TX 79430-6233