TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Nursing

Texas Tech University Health Sciences Center
Continuing Nursing Education Program Registration

Name_____
Last First Middle

Home Mailing Address_____
Number Street

_____
Cit y Sta te Zip

DAYTIME Phone (___)_____ _____
Participant ID - 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**
Nursing	Non-Nursing	❑ Asian/Pacific Islander	❑ 20-30	❑ Female
❑ Doctorate	❑ Doctorate	❑ Black not of Hispanic origin	❑ 31-40	❑ Male
❑ Master's	❑ Master's	❑ White not of Hispanic origin	❑ 41-50	
❑ Baccalaureate	❑ Baccalaureate	❑ Hispanic	❑ 51-60	
❑ Diploma	❑ Associate	❑ Native American/Alaskan	❑ 61 & over	
❑ Vocational				
❑ Associate				

Primary Practice Speciality (Mark ONLY One)

❑ Administration	❑ Emergency Nursing	❑ Oncology	❑ QA/Risk Management
❑ Case Management	❑ General Nursing	❑ Orthopedics	❑ Rehabilitation
❑ Community Health	❑ Geriatrics	❑ Office/Clinic	❑ Retired
❑ Correctional/Prison/ Jail Health	❑ Home Health	❑ Pediatrics	❑ Unemployed
❑ Cirital Care	❑ Hospice	❑ Primary Care	❑ Other (Please specify below)
❑ Education (School of Nursing)	❑ Medical/Surgical	❑ Psychiatric/Mental Health	_____ (other)
❑ Education (Inservice/ Staff Development)	❑ Obstetrics	❑ Public School Nurse/ISD	

Present Position (Mark ONLY One)		**Employment Setting** (Mark ONLY One)	
❑ Administration	❑ Staff Nurse - RN	❑ Clinic	❑ Office/Private Practice
❑ Director of Nursing	❑ Staff Nurse - LVN	❑ Correctional/Prison/Jail	❑ Public Health Agency
❑ Asst. Director of Nursing	❑ Nursing Student	❑ Home Health Agency	❑ Public School System/ISD
❑ Charge Nurse	❑ Case Manager	❑ Hospice	❑ School of Nursing
❑ Head Nurse	❑ Nurse Practitioner	❑ Hospital	❑ State School
❑ Clinical Specialist	❑ QA/PI Nurse	❑ Nursing Home	❑ Retired
❑ Consultant	❑ Retired	❑ Nursing Student Currently Unemployed	❑ Unemployed
❑ Inservice Education/ Staff Development	❑ Unemployed		❑ Other (Please specify below)
❑ Educator in School of Nursing	❑ Other (Please specify below)		_____ (other)
❑ Public School Nurse	_____ (other)		

20th Annual School Nurse Workshop July 29, 2011	**$115 by July 14; $140 after July 14 Lunch is included!!!**	**Fee $ _____**

Major credit cards (shown at right) now accepted. Please check box by preferred card. ❑

Card Holder Name_____ ❑

Card Number_____ CV2 Code_____Exp. Date _____ ❑

Signature Required Here_____

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