

Certificate Request

for

**Alzheimer's Disease:
In the Beginning
Course #
On-line Course
Midland, TX 79705**

Speaker

Midland College Health Sciences Continuing Education

Completion of this form and the evaluation form are required to receive your certificate. **If your profession is not listed below, please submit your certificate to your accrediting organization. NO PARTIAL CREDIT WILL BE ISSUED.**

Please print your name.

NAME: _____

Complete the remainder for documentation. All must be completed before certificate issuance.

Date Of Birth	Social Security #	Address	City/St.	Zip

Please check appropriate box.

Social Worker Minister Priest LPC LMFT LCDC LNFA#_____

RN LVN EMS Paramedic EMT-B EMT Radiography Respiratory

CMA CNA Activity Director RHIT Records Management Teacher/Instructor

Administrator TCLEOSE Vet Tech Other_____

Signature _____

Thank you.