

OPTION II REGISTRATION FORM

Three Day Wake Forest University Comprehensive Cancer Center Cancer (CCCWFU) Chemotherapy and Biotherapy Course (3 Didactic Days and 5 Day Clinical Practicum)

*Please make check payable to Wake Forest University Health Sciences
Section on Hematology and Oncology
Please return completed registration forms and check to:
Sherri Moore
Outpatient Comprehensive Cancer Center,
Hematology and Oncology Clinic 3rd Floor
Medical Center Boulevard
Winston Salem, North Carolina 27157
(336) 713-6843
sbmoore@wfubmc.edu*

Please complete if you are requesting space for someone within your organization

Name:		Contact number:	
Email address:		Fax number:	
Practice or Organization name:		Didactic Class	
Address		Choose Clinical Week	
Address			
City, State, Zip			

Complete on the person attending the class

Name:		Preferred Email address:	
Job Title or Position		Nursing License # and State:	
Home Address:		Contact number:	
City, State, Zip			
Will you be mixing chemotherapy? <input type="checkbox"/> yes <input type="checkbox"/> no			

The following information must be submitted to reserve slot

- Completed copy of the Nurse Sponsor Agreement
- \$250 deposit. The remainder of \$750 program tuition due on or before the first day of class.
- A copy of the participant's nursing license from his/her state of employment.
- A certificate of professional liability insurance, in an amount no less than \$1 million per occurrence and \$3 million in the aggregate/year.
- Completed and signed copy of immunization record