

CONTINUING
NURSING
EDUCATION**

CPR/FIRST AID

DIABETES
EDUCATION

PARENT
EDUCATION

WELLNESS

EDUCATION/WELLNESS CLASS REGISTRATION FORM

Class _____ Date of Class _____

Class _____ Date of Class _____

Class _____ Date of Class _____

Class _____ Date of Class _____

Name _____ OHSI Employee # _____
(NOTE: for CNE classes, provide your name as it appears on your nursing license.)

Address _____

City/State/Zip _____

Daytime Phone # _____ Home Phone # _____

Email _____

Credit Card # _____ X Date _____ Code on Back _____

CNE CLASSES - Nursing license number **MUST** be provided in order to receive CNE certificate.

Nursing License # _____

** The Olathe Medical Center Education Department is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. Kansas State Board of Nursing Approved Provider Number LT0048-0749.

PARENT EDUCATION CLASSES

Due Date _____ Support Person _____

Physician _____ Delivering Hospital _____

Sibling Class Participants/Ages _____

WELLNESS CLASSES

Parent/Guardian _____ Participant's Age _____

REFUND POLICY: Class fee is refundable if cancellation is received prior to start of the class.

HOW TO REGISTER:

- **FAX:** 913-791-3537
- **MAIL:** Education/Wellness Department, Olathe Medical Center, Inc., 20333 West 151 Street, Olathe, KS 66061
- **IN PERSON:** Education/Wellness Department, Hospital, 2nd Floor Hours: 8a-4:30p

QUESTIONS? Education/Wellness Department 913-791-4312