



LIFELONG
LEARNING
PROGRAM

Non-credit Classes for Personal & Professional Development

Ferrum College Health Care Programs Enrollment Form

Course Offerings - please check the box that applies

- Pharmacy Technician - \$999
- Medical Billing and Coding Program - \$1,499
- EKG Technician Certification Program - \$999
- Phlebotomy Technician Program - \$1,599

Student Information

| | | |
|-----------|------------|-------------------|
| Last Name | First Name | Social Security # |
|-----------|------------|-------------------|

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

| | | |
|------------------|---------------|----------------------|
| Telephone Number | Email Address | Birthdate (mmddyyyy) |
|------------------|---------------|----------------------|

1. Are you Hispanic or Latino? Yes No Prefer not to answer

2. If you answered No to Question One, indicate **ALL** the races you are from:

| | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer not to answer |

Payment - please check the box that applies

- Check
- Credit Card: Please complete the information below.
 Visa , MasterCard or Discover - please circle
 Number: _____
 Expiration Date: __/__(mm/yy)
 V-Code (Last three digits in the Signature Strip) _____
 Card Holder's Full Name _____
 Amount: \$ _____
 Address # and Zip Code of Card Holder _____

Government Agency / Employer Funding

Name of Agency/Employer: _____
 Agency/Employer Contact Name: _____
 Agency/Employer Phone#: _____

Student Signature: _____ **Date:** _____

Please Mail Registration Form and Payment To:

Ferrum College
 at The Franklin Center
 50 Claiborne Avenue
 Rocky Mount, VA 24151
 540-483-0179, Ext.2113