

Tuberculosis Administration Certification Workshop



Please Check One:

March 2, 2018 **June 1, 2018**

September 7, 2018 **December 7, 2018**

10:00 a.m. - 2:00 p.m., AHCA Training Room, Suite 175

FREE

Lunch Not Provided

To register, send this completed form to:

Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@arhealthcare.com.

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name M. Last Name Last 4 digits of SSN

Mailing Address City State Zip

Cell Phone Email Address (*Confirmation and class materials will be sent to this address*)

Employer Current Title

Employer's Address City State Zip

License Number (*required to receive TB Testing Certificate*) Dates of Employment

Attendee's Signature Date

SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.

CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.

For more information, please contact the Association at 501-374-4422 or registration@arhealthcare.com.

**1401 W. Capitol Avenue, Suite 180, Little Rock, AR 72201
Phone 501-374-4422 | Fax 501-374-1077**