



## National Association of Rural Health Clinics **Certified RHC Professional™ (CRHCP)** REGISTRATION FOR ON-LINE TRAINING

with Final Exam held **ONLINE**  
**Monday, April 24<sup>th</sup> – 28<sup>th</sup>, 2023**

NARHC Member     Non-Member     PB     Ind     non-RHC    CMS/CCN \_\_\_\_\_

RHC/Organization Name \_\_\_\_\_

RHC/Org Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Company Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Payment is due at the time of registration. If you are also attending the NARHC institute, the conference registration and hotel reservation fees are NOT included in the CRHCP registration fee.*

*Please select the appropriate option below. If ordering a printed workbook, please fill out shipping address.*

**NARHC Member Rate** (no workbook)    **\$450**   

With digital workbook    **\$485**   

With spiral bound printed workbook (includes digital file)    **\$500**   

**NARHC Non-Member Rate** (no workbook)    **\$600**   

With digital workbook    **\$635**   

With spiral bound printed workbook (includes digital file)    **\$650**   

**TOTAL**    \$ \_\_\_\_\_

Method of Payment: (Check One)    Check     Credit Card

Credit Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_    CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Amount \_\_\_\_\_

Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### **ADDRESS TO MAIL PRINTED WORKBOOK**

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

*SAVE the completed form to your computer, then email, or mail it to us along with payment.  
 We will email you a payment confirmation within 1-2 business days of processing your payment. If you do not receive a confirmation, please call us.*

# Registrant Details

Please fill out one form per participant. All fields are required to be registered.

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_  
Work Email \_\_\_\_\_ Personal Email \_\_\_\_\_

*Please note, cell phone and personal email are asked so that we can contact you in the event you were to leave your current position. It is your responsibility to update your profile on our website so that you continue to receive all CRHCP maintenance requirements.*

**Please take a moment to answer these few questions. Your answers will provide us better insight into what the course is offering and how we can better serve those in their roles managing a Rural Health Clinic.**

1. How long have you worked in your current position?
  - Less than a year
  - 1-3 years
  - 4-6 years
  - 7-9 years
  - 10+ years
2. How long have you worked total in or with Rural Health Clinics?
  - Less than a year
  - 1-3 years
  - 4-6 years
  - 7-9 years
  - 10+ years
3. How did you hear about the course? *(Please select only 1)*
  - Facebook
  - LinkedIn
  - NARHC Emails
  - NARHC Forums
  - NARHC Website
  - NARHC Newsletter
  - NARHC Webinar
  - Twitter
  - Word of Mouth

*By submitting this form, you agree to the cancellation policy which can be found on the Course page online.*