



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

with Final Exam held **ONLINE**

October 16-20, 2023

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

Name _____ Job Title _____

RHC/Organization Name _____

RHC/Org Physical Address _____ City _____ State _____ Zip _____

Phone (work) _____ Phone (cell) _____

Personal Email _____ Work Email _____

It is your responsibility to maintain your contact information in your profile at narhc.org. Important updates are sent throughout the course as well as afterwards should you pass and become certified.

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 (please only fill out if you ordered a printed workbook)

Address _____ City _____ ST _____ Zip _____

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 did you hear about the course?** *(Please select only 1)*

- | | | |
|---------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> NARHC Newsletter | <input type="checkbox"/> NARHC Forums |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> NARHC Webinar | <input type="checkbox"/> NARHC Website |
| <input type="checkbox"/> NARHC Emails | <input type="checkbox"/> Twitter | <input type="checkbox"/> Word of Mouth |

2. **Job Category** *(Select all that apply)*

- | | | |
|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Non-Hospital Admin | <input type="checkbox"/> Office Staff | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Clinic Manager/Admin | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Medical Staff (RN/LPN/MA/CNA, etc) |
| <input type="checkbox"/> Compliance/Quality | <input type="checkbox"/> Billing & Coding | <input type="checkbox"/> Provider |
| <input type="checkbox"/> Hospital/Health System Admin | <input type="checkbox"/> Clinic Owner | <input type="checkbox"/> Other |

3. **How long have you worked in your current position?**

- | | | |
|-------------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> 4-6 years | <input type="checkbox"/> 10+ years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 7-9 years | |

4. **How long have you worked total in or with Rural Health Clinics?**

- | | | |
|-------------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> 4-6 years | <input type="checkbox"/> 10+ years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 7-9 years | |

5. **Age & Gender**

- | | | |
|-----------------------------------|--------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Up to 30 | <input type="checkbox"/> 46-50 | <input type="checkbox"/> Prefer not to answer (age) |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> 51-55 | <input type="checkbox"/> Male |
| <input type="checkbox"/> 36-40 | <input type="checkbox"/> 56-60 | <input type="checkbox"/> Female |
| <input type="checkbox"/> 41-45 | <input type="checkbox"/> 60+ | <input type="checkbox"/> Prefer not to answer (gender) |

BY SUBMITTING THIS FORM, I AGREE TO THE FOLLOWING (please initial):

_____ I have read and agree to the cancellation policy for this course.

_____ I understand the maintenance requirements and agree that by taking this course it is solely my responsibility to maintain what is needed to keep my certification including attending an in person NARHC Conference the year my cert is set to expire (odd years) should I pass this course successfully.

_____ I understand that I must complete all required content prior to the exam and that there are no exceptions or extensions allowed for the final exam.

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.