



National Association of Rural Health Clinics

Intro to RHCs

Registration for ONLINE Training

EMAIL to academy@narhc.org

NARHC Member Non-Member

RHC/Organization Name _____ PB Ind Non-RHC

Mailing Address _____ City _____ State _____

Zip _____ Work Phone _____ CMS/PTAN _____

NARHC MEMBER RATE FREE \$ _____

NON-MEMBER RATE \$50 \$ _____

MAKE CHECKS PAYABLE TO: National Association of Rural Health Clinics

Payment Method Check Credit Card

Name on Card: _____

Card #: _____ Exp Date: _____ CVV: _____

Card Mailing Address: _____

City: _____ State: _____ Zip: _____

Payment is required at the time of registration.

We will email you a payment confirmation within 1-2 business days. If you do not receive a confirmation, please call us.

Registrant Details

Please fill out one form per participant

Name _____ Job Title _____

Phone (*work*) _____ Phone (*cell*) _____ Email _____

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? _____
2. How long have you worked total in or with Rural Health Clinics? _____
3. How did you hear about the course? _____