

Registration Form

School of Advanced Foot Care



REGISTRATION QUESTIONNAIRE

Student First & Last Name: _____

Nursing Designation: _____

Current Nursing License Number: _____

- Are you active in nursing?
- Have you previously completed an advanced nursing foot care course? If so, have you recently been practicing?
- What is your desired outcome from taking this course?
- Are you prepared to spend a week training with us on site? Are you willing to wear a surgical mask and face shield as per standards?
- Are you willing to have a COVID-19 swab test? Results will be required before entering our facility.

I _____ (your name) confirm that the information provided above is true. I understand that this information will remain confidential with Jenuine Care Inc and their staff members.

Signature: _____

Date:

COURSE CONFIDENTIALITY FORM



I agree to use the course information provided as a means to learn and further my knowledge as a nurse. At no time will I copy or utilize the information to my own benefit and/or for other teaching means. I will only print sections of the course that are deemed printable, using them as a means to develop my knowledge in foot care.

All people and images utilized and/or viewed during the course will remain confidential. As a registered nurse or registered practical nurse, I will respect the clients, facility staff members and teachers. All confidential information is to remain confidential and will not be shared with others.

By signing, I agree to the above information and hold true to this confidentiality agreement.

Signature: _____

Date:

Jenuine Care Inc. Witness: _____

Date:

PAYMENT FORM



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover
	<input type="checkbox"/> Other _____		<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date