EDUCATIONAL OPPORTUNITIES FOR A LIFETIME

CONTINUING EDUCATION

LEGAL MEDICAL CONSULTANT CERTIFICATION APPLICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE & ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL

EMPLOYMENT PROFILE (Please check current job status.)

- ☐ RN
- ☐ LPN
- ☐ OT
- ☐ PT
- ☐ PA
- ☐ NP
- ☐ MD
- ☐ OTHER ________________
- ☐ MEDICAL RECORDS
- ☐ MEDICAL ASSISTANT
- ☐ NURSING ASSISTANT

PROFESSIONAL LICENSURE IF APLICABLE

STATE	LICENSE NUMBER	EXPIRATION DATE
STATE	LICENSE NUMBER	EXPIRATION DATE

What month and year did you pass U.S. boards/registration exam? ______________________________

Have you ever been named as a defendant in a malpractice claim? ☐ **YES** ☐ **NO**

ADDITIONAL EDUCATION

COLLEGE or TRAINING PROGRAMS	LOCATION	DEGREE YEAR
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The Division of Continuing Education
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