

Registration Form

Course Name:

Date of Training:

Location of Training: Department of Public Health

2 Peachtree St. NW, 7th Floor, Atlanta, GA 30303

Name:

Home address:

(street, city, state, zip)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MD	PA	NP	RN	LPN	Paraprofessional	Epidemiologist	Outreach Worker/CDS	Administrative	
<input type="checkbox"/> Other (specify) _____									

Employer:

Position:

Employer address:

City:

State:

Zip:

Work Phone:

Fax:

Home or Cell Phone:

Email:

<input type="checkbox"/> Health Department	<input type="checkbox"/> Physician's Office	<input type="checkbox"/> County or City Jail
<input type="checkbox"/> Hospital	<input type="checkbox"/> Out Patient Clinic	<input type="checkbox"/> Federal Prison
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Personal Care Home	<input type="checkbox"/> State DOC
<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV/AIDS affiliation	<input type="checkbox"/> Juvenile Detention
<input type="checkbox"/> Hospice	<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Other _____
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Shelter	
<input type="checkbox"/> Home Health	<input type="checkbox"/> School	

How do you plan to use this training?

Patient Care

Employee Health Duties

Teaching

Infection Control Duties

Other (specify) _____

For more information call 404-657-2634

Fax completed form to 404-463-3460

or email to DPH-tbnurse@dph.ga.gov