



REGISTRATION FORM
METROHEALTH MEDICAL SYSTEM
ELECTRONIC MONITORING: FETAL HEART RATE

_____, 2008
(date)

NAME: _____ TITLE: _____

ADDRESS: _____
(STREET) (CITY, STATE) (ZIP CODE)

PHONE NUMBER: DAY _____

EMPLOYER (IF METRO, LOCATION?) _____

METROHEALTH SYSTEM EMPLOYEE?

YES _____ EMPLOYEE ID # _____

NO _____ SSN (or RN/LPN License State and Number) _____
(STATE) (LICENSE #)

If you are an RN or LPN who needs an ONA-CE certificate, check here _____

If you are not an RN or LPN but would like a certificate of attendance, check here _____

- If you are a MetroHealth Employee, your certificate will be given to your immediate supervisor
- If you are NOT a MetroHealth Employee, your certificate should be mailed to you in about 4-6 weeks

- ⇒ No charge for MetroHealth employees
- ⇒ \$75.00 for outside attendees (may send check by mail, or pay on the morning of class). Parking is available at the visitor parking rate.
- ⇒ Check payable to - MetroHealth Medical Center - Nursing Business Office
Account # 10006024
- ⇒ Either mail application to:
Annette M. Lynch, RN, MSN, Perinatal CNS
MetroHealth Medical Center
Mailbox - Nursing Business Office
2500 MetroHealth Drive
Cleveland, OH 44109
or submit electronically to alynch@metrohealth.org

Questions, please call me at 216.778.3356.
Thank you. Annette