

Jenny Bamford-Perkins, MSN, RN

54 Elm Street Bucksport, Maine 04416
(207) 951-4105 jenny@jennybamfordperkins.com

Training Policies, General Information and Registration Form

Registration

You are strongly encouraged to register early as space may be limited. Complete the registration form, along with your check/money order payment and mail to: Jenny Bamford-Perkins, 54 Elm Street, Bucksport, Maine 04416.

Accommodations

If accommodations are necessary for you to attend a training you must specify in your registration form.

Payment

Payment is required at the time of registration or at least 5 business days prior to the start date of the training. Acceptable forms of payment include cash, checks, money orders, paypal and credit cards. For trainings with limited enrollment, priority will be granted to paid participants.

Confirmation Letter

A confirmation notice will be emailed to registrants at least one week prior to the event. To ensure that this information is directed to the appropriate individuals, it is essential that you provide updated contact information and email information on your registration form.

Canceled Trainings

Jenny Bamford-Perkins reserves the right to cancel programs due to the low enrollment or other extenuating circumstances. Under normal conditions, if a training is canceled, registrants will be notified in advance by telephone or email.

Jenny Bamford-Perkins, MSN, RN

54 Elm Street Bucksport, Maine 04416
(207) 951-4105 jenny@jennybamfordperkins.com

Enrollment Caps

Jenny Bamford-Perkins reserves the right to limit the number of participants allowed for trainings. When enrollment is limited, registrations will be accepted based on a first come/first served basis with paid registrations having priority placement in the training.

Refunds

All cancellations must be submitted in writing by emailing Jenny Bamford-Perkins at jenny@jennybamfordperkins.com at least 5 business days prior to the training:

CRMA, CRMA Recertification, and MHSS cancellations:

- A nonrefundable fee of \$50.00 is charged.
- There will be no credit/refund granted if written notice of cancellation is not received at least 5 business days prior to the start of the training.
- Once you attend the first class no refunds will be granted.

CPR BLS and HeartSaver cancellations:

- A nonrefundable fee of \$25.00 is charged.

Training Costs

- Certified Residential Medication Aide 40 hour \$350.00
- Certified Residential Medication Aide Re-Certification Course 8 hour - \$125.00
- Mental Health Support Specialist \$275.00
- CPR Basic Life Support for Healthcare Providers
Full Course \$65.00 (does not include textbook cost of \$13.50)
Renewal \$55.00 (does not include textbook cost of \$13.50)
- CPR HeartSaver CPR/AED
Full Course \$45.00 (does not include textbook cost of \$13.50)
Renewal \$35.00 (does not include textbook cost of \$13.50)

Jenny Bamford-Perkins, MSN, RN

54 Elm Street Bucksport, Maine 04416
(207) 951-4105 jenny@jennybamfordperkins.com

REGISTRATION FORM

Applicant Information (please print clearly)			
Legal Name (First, Middle, Last):			
Previous Name(s):			
Social Security Number (<u>last 4 digits only</u>):			Date of Birth:
Mailing Address:			
City:	State:	Zip:	County:
Email Address:		Telephone No.: ()	

Accommodations
If accommodations are necessary for you to attend a training please specify clearly:

Jenny Bamford-Perkins, MSN, RN

54 Elm Street Bucksport, Maine 04416
(207) 951-4105 jenny@jennybamfordperkins.com

Training

Please check one:

- Certified Residential Medication Aide (CRMA) 40 hour
- Certified Residential Medication Aide Re-Certification Course (CRMA) 8 hour
- Mental Health Support Specialist (MHSS)
- CPR Basic Life Support (BLS)
- CPR/HeartSaver

Payment Information

Please check one:

- Cash
- Check by Mail
- Money Order by Mail
- Online with Paypal
- Payment by Credit Card

Declaration

I have read Jenny Bamford-Perkins' training policies and general information which outline expectations clearly as well as the refund policies.

I understand that the above information on this form is confidential and will only be used to determine my eligibility for the program that I have selected. I also understand that any misrepresentation of information on this application and any subsequent interviews with the instructor may constitute adequate reason for disqualification of my application as a student in the above named course.

Signature of Applicant

Date