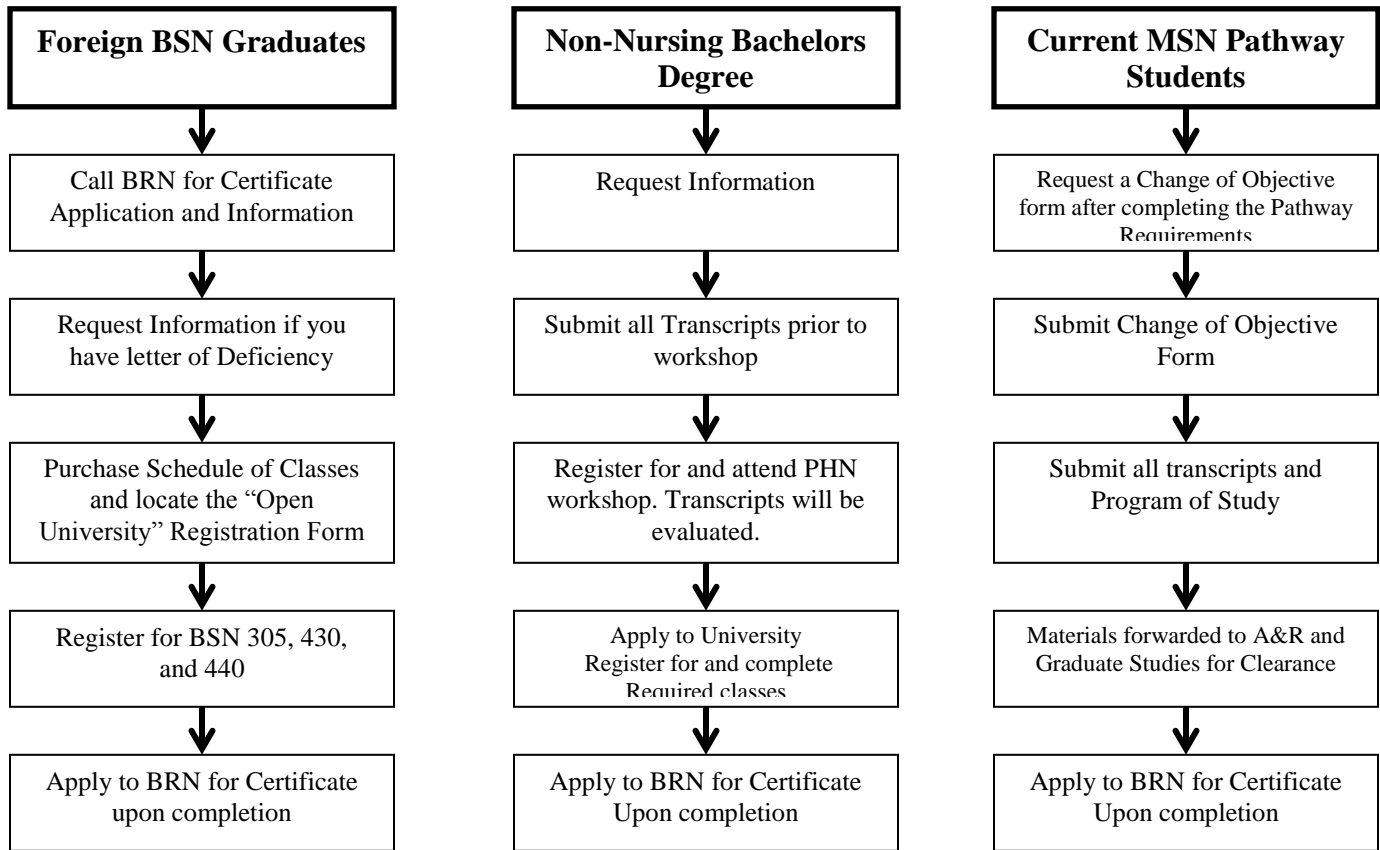


Process for a PHN Certificate Program



PUBLIC HEALTH NURSE CERTIFICATE ELIGIBILITY WORKSHOP

Please register me for the Teleconference PHN workshop

Date: _____ Student ID Number: _____

Name: _____ RN license #: _____
Last First Exp date: _____

Address: _____ Home Phone: _____
 _____ Work Phone: _____

BS/BA Major: _____ Year obtained: _____

Email: _____ Fax#: _____

Check workshop date and location:

- Wednesday, February 1, 2012 from 10 am-12 pm**
- Enclosed is my check for \$50 (NOT REFUNDABLE), payable to CSUDH for transcripts evaluation.**

A confirmation letter and directions will be sent to you. Please send a copy of unofficial college transcripts for pre-workshop evaluation two weeks prior to workshop date to:

School of Nursing: PHN Workshop, CSU Dominguez Hills, 1000 E. Victoria St. Carson, CA 90747

~ Please Note that foreign BRN graduates are evaluated directly by the BRN and do not need to attend a workshop.