



Georgia CTSA
Georgia Clinical & Translational Science Alliance

EMORY
HEALTHCARE

Georgia CTSA Clinical Research Centers and Emory Medical Laboratory

Completing this registration form will help us to better tailor your training. Please send completed registration forms to: GCRC@emory.edu

PHLEBOTOMY TRAINING 101

Registration Form

Personal Information

Name

Phone number

Email

Work Information

Affiliation EU EHC MSM UGA

Participant population adults only adults and children

Department

Referred by

Current Position

Charge to department Speedtype # (Course fee:

\$580) CPR Certified (Required) YES NO

If "yes" CPR Expiration Date



Georgia CTSA Clinical Research Centers and Emory Medical Laboratory

Briefly describe your current position and scope of practice in the space below. Please detail the type of population (e.g. diabetic, children, cardiovascular, geriatric, renal etc.).

Please attach your current resume.

EDUCATION

School Attended	Year Graduated	Degree	Major Concentration

Signature _____ **Date** _____

Reviewed by _____ Enrolled _____ Notified _____ Date _____ Contact _____
Start date _____