



Clinical Health Coach®

Transform the Conversation. Transform the Care.

Clinical Health Coach® Training Program

May - June 2013 • Des Moines, Iowa

Registrant Information

Please fill out form as you would like your name tag to read.

FIRST NAME

LAST NAME

CREDENTIALS (e.g. RN)

TITLE

ORGANIZATION (please spell out full name)

MAILING ADDRESS

PHONE

CITY / STATE / ZIP

EMAIL ___ WORK ___ PERSONAL

FAX

MARK IF CEUs REQUESTED:

- Nursing - Iowa
- Nursing - Outside Iowa
- Registered Dietitian

MARK FOR SPECIAL ACCOMODATIONS

- Dietary _____
- Physical _____
- Other _____

HOW DID YOU HEAR ABOUT THE PROGRAM?

- Mailed Information Emailed Fliers Presentations Conferences (list) _____
- ICCC Faculty Friend / Colleague Website / Google Other _____

WHICH BEST DESCRIBES YOUR HEALTHCARE SETTING?

- Hospital-based Clinic-based Community-based

Registration Fees*

PROGRAM:

- Individual
- Two or more individuals from one organization

(Postmarked or Faxed)

ON OR BEFORE 3/15/13 3/15/13 - 4/27/13

- \$1,350 \$1,550
- \$1,250 \$1,450

TOTAL NUMBER OF REGISTRANTS: _____

TOTAL PAYMENT AMOUNT: _____

If more than one registrant is involved, please use the second page of this form for additional information.

Competency Evaluation

Successful completion of this telephonic-based evaluation, combined with a score of at least 75% on the written exam, culminates in the participant receiving a Certificate of Competency as a Clinical Health Coach® as offered through the Iowa Chronic Care Consortium. All evaluations will be scheduled upon completion of the Clinical Health Coach® Training Program.

EVALUATION FEE \$195 each

TOTAL NUMBER OF EVALUATIONS: _____

If more than one evaluation is involved, please list the names of the additional participants: _____

(Continue to next page for payment method and additional registrant information fields.)

Payment Methods

Payment is accepted by check or money order only. Registration may be faxed to hold a place, with payment to follow within 10 days. Regular registration payment must be received no later than 5/7/13. Checks must be postmarked no later than 3/15/13 in order to receive the Early Bird registration discount.

- PAY WITH CHECK
 PAY WITH MONEY ORDER

- AMOUNT ENCLOSED \$ _____
 FAX REGISTRATION (Payment to come within 10 days)

Make checks payable to:
Iowa Chronic Care Consortium
5550 Wild Rose LN, Suite 400
West Des Moines, IA 50266

Fax to:
Iowa Chronic Care Consortium
Attn: Kathy Kunath
(515) 661-6101

**Space is limited. Completed registrations will be accepted in the order that they are received. To be considered complete, all forms must be fully filled out and payment collected. Registrants will be emailed a confirmation notice and receipt. Please contact ICCC to check program availability, if sending payment after 4/27/13. For multiple registrations, payment and registration forms must be sent together to receive the discount.*

Additional Registration Information

Registrant Information

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