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wncedutech.com

Just as each patient is special, so is each patient care provider. That is why WNC Edutech wants to help renew your skills and knowledge in healthcare and provide the needed academic tools for allied health certification. Our mission is to promote, and provide individual or group centered, cost effective training through the use of committed education professionals.

We work with allied health organizations to develop competent and educated employees. Having national certification will bring a competitive edge to the individual and their employer.

Certification proves your commitment to your chosen profession and your patients. It is our goal for our clients to obtain better pay, career opportunities, and job security, as well as provide better patient care.

NAME: _____ Date of Birth: _____
ADDRESS: _____
PHONE: (Home) _____ (Cell) _____
E-mail Address: _____ Social Security #: _____

Please answer the questions below, so that we can provide you the services that best fit your objectives.

Do you have education or training in the healthcare field? _____ Yes _____ No

Do you have employment or work experience? _____ Yes _____ No

(If you answered "no" to both of the questions, do not proceed.)

Current Certifications-Registrations-Licensures _____

Title of Current Position _____

Healthcare Work Experience _____

Skills – Daily Responsibilities _____

Are you working in your field of certification (for how long) _____

Name of Employer _____

Employer Address _____

Employer Phone _____

Contact Person's Name _____

Contact Person's Title _____

Contact Person's E-mail _____

Length of Employment _____

I, _____, certify that the above information is accurate, and have provided WNC Edutech the appropriate documentation to determine whether I may review and prepare for national certification. Fees are non-refundable and certification is no guarantee of employment. By signing below, student agrees to pay all fees in full prior to ordering the national certification exams.

Name: _____ Date: _____

WNC Edutech Educator: _____ Date: _____

Just as each patient is special, so is each patient care provider. That is why **WNC Edutech** wants to help **improve** your skills and **broaden your** knowledge in healthcare and provide the needed academic tools for **Allied Health Certification**. Our mission is to provide cost effective training for individuals or groups by committed, qualified and certified educational professionals.

We work with Allied Health Organizations to develop competent, **skilled** and educated employees. Having national certification will bring a competitive edge to the individual and their employer.

Certification proves your commitment to your chosen profession and your patients. It is our goal to obtain career opportunities, better pay and job security for our clients as well as provide better patient care.