



The Hemodialysis Training School

## YES, I WISH TO APPLY

I wish to be considered for The Hemodialysis Training Program. I have enclosed a non-refundable payment of two hundred seventy-five dollars (\$275.00) as an indication of my serious intent to participate in and complete the training program. I understand that prior to my enrollment in the class I must first complete and obtain a 75% score in the entrance exam. I understand that failure to pass the entrance exam or attend the program DOES NOT entitle me to a refund of the registration fee.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

I am enrolling for the \_\_\_\_\_ class.

Please mail this form and your payment to:  
The Hemodialysis Training School  
Four Union Square, Suite B  
Union City, CA 94587  
(510) 475-5630  
Fax: (510) 475-5647  
Attn: Admissions