



## Application for IV Therapy Re-Certification

Return Application to:  
Audrey Smith  
Phone: 601-554-4646  
Fax: 601-554-4640  
Email: [Asmith@prcc.edu](mailto:Asmith@prcc.edu)  
[www.woodallcenter.com](http://www.woodallcenter.com)

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Demographic Information

Sex: Male  Female  Would you describe yourself as Hispanic or Latino? Yes  No   
Race: Asian  Black/African American  White  Hawaiian/Pacific Islander  American  
Indian/Alaskan Native   
Please indicate which of the following best describes your level of education:  
Less than high school  High School diploma/HSE  Associate Degree  Some College   
Graduate/Professional degree   
Please indicate your current employment status: Employed  Unemployed  Retired   
If employed, which of the following best describes your employment situation:  
Full Time  Part Time  Seasonal   
Are you a US Citizen? Yes  No   
Are you a Veteran? Yes  No

### Work Experience

### Disclaimer

Applicant must be out of high school and **18** before the first day of class. Enrollment is reserved upon receipt of the completed application, full payment of \$50 tuition and copy of valid Photo ID. This course is subject to a class size of 10 people minimum. The class may be canceled and tuition refunded if there are not enough to hold the class. Contact the Woodall Center to register for this class.

*Pearl River Community College offers equal education and employment opportunities. The College does not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication please contact Tonia Moody, Director of Admissions and Records, ADA/Civil Rights, and Title IX Coordinator, at P.O. Box 5537, Poplarville, MS 39470 or 601-403-1060.*

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

Date: \_\_\_\_\_