



Medication Administration Training Course Information Sheet

Please complete the form and return it to our office at your earliest convenience.

Participant's Information

First Name: _____ M.I. _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell number: _____ Last 4 digits of SSN: _____
Email: _____

Type of Course

Training date: _____ Time: _____
☐ MAT-IS ☐ AMAT ☐ Diabetes
☐ MAT Renewal – Original MAT certification completion date: _____
☐ Other: _____

Employer Information

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work number: _____ Director's Name: _____
Director's email: _____

Required materials

- Current CPR/First Aid Certifications are required for admission to **ALL** MAT Program part 2 classroom courses.
- Online Part 1 Completion Certificate
- Current MAT certificate (only if taking MAT-Renewal or Diabetes)

All certificates must be submitted to Health Educators, Inc. within two business days of your scheduled class. Failure to meet this deadline will result in exclusion from the course, and refunds will not be provided.

Please place your initials here to confirm you have read and understood the following information.

____ I agree to submit the required materials two business days prior to the scheduled course.

____ I agree to the no show policy: failure to show for the scheduled course or return required paperwork as requested results in forfeiture of the full participation fee.

Phone: (804)553-0460 • Fax: (804)553-0463 • Email: info@healtheducatorsinc.com • Website: www.healtheducatorsinc.com

For office use only:

MAT-IS Part 1: _____

CPR/FA
expires: _____