New York College of Health Professions Continuing Education Department
COURSE REGISTRATION FORM

New York College of Health Professions, Continuing Education
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Name: _____________________________________________ Date: __________________
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I am a New York College of Health Professions: ☐ Student ☐ Faculty ☐ Staff ☐ Alumni
Licensure: ☐ LMT  ☐ LAc  ☐ RN  ☐ Other (please specify) ___________________
Florida Massage License Number (to receive CE credit in Florida) __________________________

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<th>Course Code</th>
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Refund/Cancellation Policy: In the event of cancellation by the registrant, a full refund, less a $20.00 processing fee, is given if the request is made at least 14 business days prior to the seminar. No refunds or credits are issued after this time. If a class is cancelled by the College, a full refund will be issued.