



# NEW YORK COLLEGE OF HEALTH PROFESSIONS

## Continuing Education Course Registration Form

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Licensed Massage Therapist License Number: \_\_\_\_\_

Licensed Acupuncturist License Number: \_\_\_\_\_

I am a New York College of Health Professions:  Student  Faculty  Staff  Alumni  Public

Florida Massage Therapy License (to receive CE credit in Florida): \_\_\_\_\_

Course Code	Course Name	Course Date(s)	Fees

### **Refund/Cancellation Policy**

In the event of cancellation by the Registrant, a refund of 50% of the cost of the course is given if the request is made at least 14 business days prior to the course of workshop. No refunds or credits are issued after this time. If a course is cancelled by the College, a full refund will be issued.

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

Completed form must be submitted to:

New York College of Health Professions  
Attention: Continuing Education Administrator  
6801 Jericho Turnpike  
Syosset, NY 11791  
Phone: (800) 922-7337 ext. #223  
Fax: (516) 977-3355  
Email: [continuinged@nycollege.edu](mailto:continuinged@nycollege.edu)

<p><i>For Office Use Only</i></p> <p>Date Paid: _____ Date Certificate Printed/Mailed: _____</p>
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