

**Training Registration From**  
**Standard of Excellence Education & Training Center, LLC**  
**9235 West Capitol Drive, Lower Level**  
**Milwaukee, WI 53222/Phone: (414) 447-8332/Fax: (414) 447-8334**

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**Student Name:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Employer Phone:** \_\_\_\_\_

**Date of Requested Training:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

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

**Community Based Residential Facility Training (C.B.R.F.)**

Beginning January 1<sup>st</sup>, 2017

- |   |          |
|---|----------|
| <input type="checkbox"/> First Aid & Procedures to Alleviate Choking-Registry & Red Cross                 | \$90.00  |
| <input type="checkbox"/> Management and Administration of Medications-Registry                            | \$135.00 |
| <input type="checkbox"/> Standard Precautions-Registry  | \$65.00  |
| <input type="checkbox"/> Fire Safety-Registry   | \$75.00  |
| <input type="checkbox"/> Client Group Specific: Understanding Various Client Groups & Behavior Challenges | \$50.00  |
| <input type="checkbox"/> Healthy Eating (Dietary Needs & Menu Planning)                                   | \$50.00  |
| <input type="checkbox"/> Assisting with Personal Care   | \$50.00  |
| <input type="checkbox"/> Needs Assessment & Individualized Service Plans                                  | \$40.00  |
| <input type="checkbox"/> Resident Rights  | \$40.00  |

**Total Series Cost: \$595.00**

**Total Due:** \_\_\_\_\_ **Total Amount Paid:** \_\_\_\_\_

**Method of Payment:**

- ☐ **Cash**
- ☐ **Check #** \_\_\_\_\_
- ☐ **Cashier's Check, Money Order #** \_\_\_\_\_
- ☐ **Online at [www.seetctraining.com](http://www.seetctraining.com) (receipt #** \_\_\_\_\_ **)**

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

**Continuing Education Units (C.E.U.)/Enrichment**

- |   |          |
|---|----------|
| <input type="checkbox"/> CPR/AED-Adult  | \$80.00  |
| <input type="checkbox"/> CPR-Refresher or First Aid Refresher                             | \$65.00  |
| <input type="checkbox"/> Blood Borne Pathogens-Red Cross                                  | \$50.00  |
| <input type="checkbox"/> C.E. U. Review 15.0 Hours  | \$150.00 |
| <input type="checkbox"/> C.E.U. Review 8.0 Hours  | \$80.00  |
| <input type="checkbox"/> Prevention and Reporting of Abuse, Neglect and Misappropriations | \$10.00  |
| <input type="checkbox"/> Other: _____   | \$ _____ |

**Total Due:** \_\_\_\_\_ **Total Amount Paid:** \_\_\_\_\_

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- ☐ **Check #** \_\_\_\_\_
- ☐ **Cashier's Check, Money Order #** \_\_\_\_\_
- ☐ **Online at [www.seetctraining.com](http://www.seetctraining.com) (receipt #** \_\_\_\_\_ **)**