

Training Registration From-Racine/Kenosha
Standard of Excellence Education & Training Center, LLC
245 Main Street, Suite 402
Racine, WI 53403/Phone: (262) 800-3555

Student Name: _____

Name of Employer: _____

Employer Phone: _____

Date of Requested Training: _____ **Phone number:** _____

Email Address: _____

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

- | | |
|--|----------|
| <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"/> Providing Care for someone with Alzheimer's Disease or Dementia-Red Cross
(Client Group/Challenging Behaviors) | \$50.00 |
| <input type="checkbox"/> Healthy Eating (Dietary Needs & Menu Planning)-Red Cross | \$50.00 |
| <input type="checkbox"/> Assisting with Personal Care-Red Cross | \$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 (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:** _____

Method of Payment:

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- ☐ **Online at www.seetctraining.com (receipt #** _____ **)**