

Registration Form

Family Health Services

3500 5th Ave #203
San Diego, CA 92103

Phlebotomy

For office use
Review by _____
Approved _____
Dates _____

Please complete this form including your signature
Review and return along with a non- refundable
\$95.00 registration fee to the address above. The balance
is due on the first day of class. Once your application has
been received, our office will contact you to confirm your
scheduled dates for training.

Name _____
Print Type

Address _____
Street City State Zip

Telephone (hm) _____ (wk) _____ (Fax) _____

Employer _____ () _____
Company Name Telephone Name of supervisor

Do you have a high school diploma or GED

Yes No

Signature: _____ Date: _____

Refund Policy - You must submit notification of withdrawal or cancellation in writing on or before the first day of class in order to receive a refund. The \$95.00 registration fee is deducted from all refunds. For example, you are enrolled and have paid full cost of \$1755. you now find it necessary to withdraw before the first session. Your refund would be \$1755. less \$95 or \$1660. If the class is canceled by us you would receive a full refund. All refunds are paid within thirty (30) days of determined eligibility. The Family Health Services Training Center does not participate in the Tuition Recovery Fund (STRF). We are registered with the State of California. Registration means we have met certain minimum standards imposed by the state for registered schools on the basis of our written application to the state. Registration does not mean we have met all of the more extensive standards require by the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with our registration form. Any question or problems concerning the Family Health Services Training Center that has not satisfactory answered or resolved by us should be directed to:

California State Department of Consumer Affairs Bureau for Private Post Secondary and Vocational Education 400 R street suite # 5000 Sacramento, Ca 95814.

Please check one

40 hr. Course Full Course Beginning Date: _____

To schedule a class please contact the registrar office at 800 838-1221 or 619 955-1007 or phlebservices@sbcglobal.net. Once a class is scheduled complete this form and return along with \$95. to the address above.

For Phlebotomy Technician Certification Application Form (Lab 182)

Go to www.dhs.ca.gov.1-lfs or call us at 800 838-1221