Sclerotherapy Certification Application Form

Please fill-in and submit the following application for Crown Medical Sclerotherapy Certification to the address of reference.
To determine the extent of exam you can also download Topics for the Sclerotherapy Examination.

1. Contact Information:

Professional Title: ☐MD ☐DO ☐DDS ☐DMD ☐DPMS ☐ARNP ☐NP ☐RN ☐Other_____

First Name:_____ Last Name _____

Address_____

_____

City_____ State/Country_____ Zip Code_____

Home Phone_____ Cell Phone_____ Fax Number_____
Email_____ Alternate Phone_____

2. Work Information:

Work Place:_____
Position: _____

Address

_____

_____

City_____ State/Country_____ Zip Code_____

Number of Years in Practice_____Hospital Privileges_____

Member of Professional Association _____ _____ _____

Country/State License Location_____
Country/State License Location_____

3. Education Information:

Medical Degree_____ Number of Years in Practice_____

University of _____ Graduation Year _____

4. – Institute where you obtained your formal Sclerotherapy Training?

Advanced Sclerotherapy Training of Crown Medical Yes ☐ No ☐

If you have not been trained by Crown Medical please explain the following:
By whom did you receive Sclerotherapy Training?

_____

_____

Dates of Training: _____

☐ – How many hours of training did you receive: _____

☐ - Please describe the Bibliographical Reference/Training Manual used in the above course:

_____

_____

_____

_____

☐ – What other Sclerotherapy Manual have you used, read, or consulted.

_____

_____

_____

☐ - Have you performed Sclerotherapy before, if so please briefly state how many patients of sclerotherapy have you treated
:_____

Please explain any other training / experience you may have in performing sclerotherapy:

_____

_____

_____

5. Certification and Database Registration

☐ This is an application for Certification; I am attaching copies, (no originals accepted) Of the corresponding documentation, needed to be verified. Photo ID, Copy of License, Copy of Medical Degree

- Please reserve my seat at the next examination for Sclerotherapy Certification
  Date of Exam requested: _____
- I am also Appling to be register in the Professionals of Sclerotherapy Data Base
- **Application is for Sclerotherapy Certification for Doctors**
- **Application is for Sclerotherapy Certification for Nurses**
- **Application is for Sclerotherapy Certification for International Doctors**

6- Type of Payment

Please check off your form of Payment, Please state Check type and Exam Dated

Fees are

Application Fees …….. 75.00 US
Examination Fees ….……125.00 US
Data Base Registration Fees……...75.00 US

Total Fees …….275.00 US

☐**Check/Money Order** Payable to Crown Medical**,** ATTN: Registrar Office
6785 SW 40st, Miami, Fl. 33155

☐**Credit Card** Charge to the following account
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Billing Address of Credit Card Billing Address

Address_____

_____

City _____ State/Country _____ Zip Code _____

Credit Card Number: _____ Expiration Date: _____
3 4 Digit Security Code_____, on Back of Credit Card

For security purpose, we will only ship Manual and other Materials to billing address of the credit card.

Total Amount enclosed to be charged *See Course Schedule for fees*: _____
Signature: _____ (Not valid without signature)

7. Methods of Registration for Direct line call 786 597 3202

Submit Payment and Complete Registration form via 1 of 4 methods

Mail	**Fax**	**Email**	**Online**
ATTN: Registrar Office 6785 sw 40st Miami , Fl. 33155 **Check, Money Order, Credit Card**	ATTN: Registrar Office 305-662-7140 **Credit Card Only**	Sales@copavin.com **Credit Card Only**	www.copavin.com **Credit Card Only**

8. Terms and Conditions:

By signing you hereby confirm you have read, and accepted the full “Terms and Conditions” of COPVIN, under which the Sclerotherapy Certification is given.

☐ I have read and fully understand terms and conditions for this Course, Manual and/or Certification.

Signature: _____ (Not valid without signature)

☐ **Americans with Disability Act** All of our courses intend to fully comply with the ADA. If you need any special assistance please contact an event staff specialist at 305-740-4444 at least 3 weeks prior to activity.