



Continuing Education Registration Form

Course Sponsor: The Pat Iyer Group, LLC

Course Name: How to Create a Wow Website

Date when you completed the course _____

Participant Information: Please Print Clearly

This information will be used for your Completion Certificate. (Home address preferred.)

Name: _____

Street: _____

City, State, Zip _____

Phone: _____

RN____ LVN____ LPN____ Other _____ License number: _____

Date of Completion for Certificate (last day of attendance): _____

CE Credits: Total number of contact hours for course: 16

Participant has completed all course requirements: Pat Iyer

Instructor/administrator or participant may sign-->

Authorized signature

3 Evaluation questions

True/false: You may use any image you find on the internet without concern for copyright.

True/false: An opt in offer is one way to build relationships with your visitors to your site.

True/false: Plug ins can make your site more secure from hackers.

On behalf of the sponsoring organization: Taylor College will be issuing your Certificate of Completion for this course. "Provider is approved by the California Board of Registered Nursing, Provider Number CEP-3285, for the stated number of contact hours." This course is accepted for CE credit in most states (contact us if licensed in Iowa). This course may also meet requirements for some national accrediting organizations. Please contact us for confirmation.

*Fill in this form and return it to the address below, only if you need the CE credit for this course, with a check or m.o. for \$15.00, payable to "Taylor College" unless the fee has already been paid.

*If your program has more than one session, we might be able to combine all parts in one certificate for only the one \$15 fee. Contact us for information.

Thank You for your participation.

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Los Angeles, CA 90093-0666

1-800-743-4006 (8-6 PT)
FAX: (323) 205-4390
Email: TaylorCEU@aol.com

___mail certificate to you Email or FAX certificate to: _____