**Serenity Health Training Institute**

**Registration Form**

First Name:

Last Name:

Mailing Address

City, State, and Zip code

Telephone Number

Email

Program of Interest: (please circle) **Nurse Assistant Phlebotomy Tech EKG Tech Patient Care Tech Home Health Aide**

**Please fill registration form out and email to** [admissions@serenityhealthtraininginstitute.com](mailto:admissions@serenityhealthtraininginstitute.com) **or apply at campus location**

**A deposit of $100.00 along with registration form is required to be considered for any programs at Serenity Health Training Institute, deposit is fully refundable if not accepted into program.**