

# Serenity Health Training Institute

## Registration Form

First Name:

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Last Name:

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Mailing Address

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City, State, and Zip code

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Telephone Number

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Email

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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.