

Healthcare Specialist Limited Course Request Form

Last Name: _____ First Name: _____

C# _____ Ivy Tech Email: _____

Street Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Please indicate by checking your requested course:

Certified Nursing Assistant (CNA)

Phlebotomy

Qualified Medication Aide (QMA)

Which semester and year would you like to be considered for the above request?

(Example: Fall 2019)

Signature: _____ Date: _____

***** To enroll in HLHS 113 (Dementia Care Certificate), please see your advisor. This form is not needed.**