UCMC urgent care management certificate

Application

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Current Position: _____ Designation: _____

How long have you been in this position? _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you been employed at this center? _____

Are you a member of UCAOA? Yes No

Have you participated in a UCAOA educational event in the past 12 months? Yes No

Employer (Supervisor) Recommendation

I recognize _____ leadership/management skills and
(applicant's name)
his/her expertise in urgent care management is highly recommended.

_____ _____

(Supervisor's Signature) (Print Name)

Payment Information

*Application Fee: ❑ $150 member ❑ $250 non-member

Credit Card: ❑ Visa ❑ MasterCard ❑ American Express

Name on Card: _____

Card #: _____ Exp. Date: _____ (MM/YYYY)

** Payment of application fee does not include the cost of course work for the urgent care management certificate.*

Please send this application and fee to: Mail: UCAOA, 4320 Winfield Rd., Suite 200, Warrenville, IL 60555
Fax: 630-836-8518
Email: ucmc@ucaoa.org