



### **CE Application Form – Kidney School Presentation 1**

Please complete the information below and mail this form, your completed test and evaluation form, and a check for \$15 made out to Medical Education Institute, Inc., to:

Kristi Klicko  
c/o Medical Education Institute  
414 D’Onofrio Drive, Suite 200  
Madison, WI 53719

If you score 80% or better, you will receive 1.5 CE (contact hours) credit. A certificate of completion will be mailed to you at the address listed below within 7 business days of receiving your information.

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**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

**Profession:**  Nurse       Dietitian       Administrator  
 Technician       Social Worker       Other

**License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_