



CE Application Form – Kidney School Modules 1 & 2

Please complete the information below and mail this form, your completed test and evaluation form, and a check for \$20 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 2 CE (contact hours) credits. A certificate of completion will be mailed to you at the address listed below within 7 business days of receiving your information.

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: _____