

**SENIOR HOUSING OPTIONS**

**1510 17<sup>th</sup> Street  
Denver, CO 80202**

**QUALIFIED MEDICATION ADMINISTRATION PERSON CLASS  
PRE-REGISTRATION FORM**

**Be sure to include this pre-registration form with your money order so you can be notified of your registration status.**

**Student Name** : \_\_\_\_\_

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

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

**Company Name** : \_\_\_\_\_

**Phone #** : \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Fax Number** : \_\_\_\_\_

**Email address** : \_\_\_\_\_

**Class Date you are registering for** : \_\_\_\_\_

**Please call Michel Brown if you should have any questions at 303-595-4464 x 22.**