

SENIOR HOUSING OPTIONS
1510 17th 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** : _____

As of 1/1/11 the CDPHE will only email you Recognition of Completion (RoC) documents.

Class Date you are registering for : _____

For questions call 303-595-4464 x 10.

*If you do not provide an email address your form will be sent back without completing the registration process.