Allied Health CMA RECERTIFICATION  
Course No. NCH 6201  

2011 Registration Form  

FORM & $75 FEE must be received by the by the Monday before the class to avoid a $25 LATE FEE.  
NO REGISTRATIONS accepted after 12:00 noon on the Wednesday before the class.  
Payment (cash, credit/debit card or money order) must be made at the time of enrollment.  
If less than 5 are registered, the class will be cancelled and fee will be returned.  
Fees are refunded only if the class must be cancelled by Cowley College.  
Cowley College reserved the right to change the instructor, date, time, or cancel classes if enrollment is low.  

Submit form and $75 fee to one of these locations: [Payment is required at the time of enrollment]  

Cowley College  
Business Office  
125 South Second  
Arkansas City, KS 67005  

Cowley College  
Eastside Center  
4900 E. Pawnee, Suite 106  
Wichita, KS  67218  

Cowley College  
Westside Center  
8821 West 21 St., Suite 400  
Wichita, KS  67205  

Cowley College  
Bloomenshine  
430 E. Main  
Mulvane, KS  67110  

Online Option:  Fax registration form:  620-229-5989  
Make payment online:  www.cowley.edu/admissions/ecashierpayment.html  

Date of Course: ______________________  
Course #: NCH 6201 ________, _________  

Social Security Number ___________________________ or Cowley ID ___________________________  
(one is required)  

Last Name ___________________________  
First Name ___________________________  
Middle Name (required) ___________________________  

Other Names Used ___________________________  

Date of Birth _____ / _____ / _______  
CMA Number: ___________________________  

Street ___________________________  

City, State, Zip ___________________________  

Home Phone (________) ___________________________  
Cell Phone (________) ___________________________  

I have taken classes at Cowley College before.  □ YES □ NO  

☐ I have paid the $75 fee at one of the Cowley College enrollment centers.  
☐ I have paid the $75 fee online (date:_____________________________)  
☐ I have been enrolled in the CMA recertification course by an enrollment specialist  

The $20 money order for the KDHE fee will be collected by the instructor during class. NO CASH accepted.  

___________________________________________________  
Signature  

Copy form as needed.