

BHP Blended Learning Curriculum Registration Form

Please print your name clearly and legibly, indicating how you would like your name to appear on your certificate.

Name: _____
First Last

Last 4 SSN: _____ Date of Birth (month/day/year): ____ / ____ / ____
(You must be at least 18 years old to obtain your BHP Certificate.)

Address: _____
Street or P.O. Box City Zip code

E-mail: _____

Phone Number: (____) - ____ - _____

Education Requirement: You must possess a minimum of a High School Diploma or equivalent. Please submit proof of your education, such as a copy of your diploma/GED, transcript, or degree.

Please indicate your highest level of education. **Select one:**

- High School Diploma/GED/equivalent
- 60 higher education credits
- 90 college credits/CEUs
- Bachelor's Degree or higher

School Name: _____

Graduation Date: _____

Degree Awarded or number of college credit hours: _____

Major: _____

Additional Requirements for BHP Certification:

- Adult & Child CPR/First Aid with AED
- OSHA-compliant Bloodborne Pathogen (BBP) Training

If you do not currently possess these, Woodfords will provide you with more information on how to obtain these.

Your signature below signifies that all information provided to the BHP Training and Certificate Program is correct.

Signature: _____ Date: _____