

You can register and make payment by mailing in this form to:

Telehealth Certification Institute LLC

261 South Pearl Street

Canandaigua, NY 14424

EIN# 47-1437211

585-687-8837

[support@telehealthcertificationinstitute.com](mailto:support@telehealthcertificationinstitute.com)

Please make checks out to:

Telehealth Certification Institute LLC

Please fill out the following information:

Name:

Email:

Address:

City:

State:

Zip Code:

Phone number:

Complete Course Title:

Discount Code (if provided one):

Total amount enclosed:

Upon receipt of this form and payment, you will receive an email with information on how to login to your training portal.