



TELEHEALTH

CERTIFICATION INSTITUTE

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

Telehealth Certification Institute LLC

125 N. Main, Suite 500 #348

Blacksburg, VA 24060

EIN# 47-1437211

585-687-8837

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 into your training portal.