

**The Sarah Cole Hirsh Institute
for Best Nursing Practices Based on Evidence**

Registration Form

Intermediate Certification Program in Evidence-Based Nursing Practice

Name.....

Position.....

Clinical Area/ Specialty.....

Employer.....

Address.....

City.....

State..... Zip.....

Phone..... Fax.....

E-mail.....

Mail this form and payment to:

The Sarah Cole Hirsh Institute
Frances Payne Bolton School of Nursing
10900 Euclid Avenue
Cleveland, Ohio 44106-4904

Or register online at:

fpb.case.edu/Centers/Hirsh/intermediate.shtm