

CBRF Training Class Application

All classes will be held at Dove Healthcare – West Eau Claire, 1405 Truax Blvd

Student Name: _____

Student Address: _____

Student Phone Number: _____

Student Email Address: _____

Current Employer: _____

Employer Contact Name: _____

Employer Contact Number: _____

Employer Contact Email Address: _____

Check classes you are interested in attending.

_____ Standard Precautions
▪ Preferred Date: _____

_____ First Aide/Choking
▪ Preferred Date: _____

_____ Fire Safety
▪ Preferred Date: _____

_____ Medication Administration (2 day class)
▪ Preferred Date: _____

Please return the completed application to:

Email: hr@dovehealthcare.com

Fax: 715-726-3856

Mail: Jenny Risinger / CBRF Classes

2815 County Hwy I

Chippewa Falls, WI 54729

Upon receiving your application, Dove Healthcare will contact you regarding class availability and payment options.

Signature _____

Date _____