



## ENROLLMENT FORM Denver, Colorado



**Location:** Radisson Stapleton Plaza\*, 20 miles from Denver International Airport (complimentary airport shuttle). Phone: 800-333-3333

*\*hotel subject to change – participants will be notified well in advance if applicable.*

**Tuition:** \$1,300

**Schedule:** The weekend session starts at 6:45pm on Friday evening and is completed by Sunday 1:00pm.

**Enrollment:** Because we maintain a specific faculty-participant ratio, enrollment is carefully controlled. ***An early reservation for the session of your choice is strongly advised, as is a second choice.*** If your first choice is not available or if there is insufficient enrollment, you will be advised of the next open session.

*(Consult current schedule at [www.cpepdoc.org/probe.htm](http://www.cpepdoc.org/probe.htm) for dates and deadlines)*

*Indicate 1<sup>st</sup> and 2<sup>nd</sup> Choice:*

2010		
February 26-28	July 16-18	November 19-21
Denver, CO	Denver, CO	Denver, CO
( )	( )	( )

<b>Name</b>			<b>Degree</b>
<b>Specialty</b>			
<b>Address</b>			
<b>City/State</b>			<b>Zip</b>
<b>Office Phone</b>			<b>Mobile Phone</b>
<b>Home Phone</b>			<b>FAX</b>
<b>E-mail</b>			

<b>Referring Board, agency or other representative</b>			
<b>Contact Person</b>			<b>Title</b>
<b>E-Mail</b>			
<b>Address</b>			
<b>City/State</b>			<b>Zip</b>
<b>Telephone</b>			



# ProBE Program

## TERMS and CONDITIONS



Tuition for The ProBE Program is \$1,300. A deposit of \$300 is required with this enrollment application. This represents a deposit of \$250 and a non-refundable, administrative fee of \$50. The deposit will be returned if you cancel **three weeks before** the start of the course. The balance of \$1,000 is due three weeks before the start of the sessions.

**No refunds will be made for cancellations received later than three weeks before the start of the course.**

Tuition includes all teaching materials, coffee breaks and Saturday luncheon, and Sunday breakfast. Travel, hotel, and meal expenses for the two-night weekend sessions are the responsibility of the participant.

Upon enrollment in The ProBE Program, it is understood that:

1. Participants must attend all sessions, participate in the discussions, and complete all written assignments in order for the faculty to provide an assessment to the appropriate licensing board (or other agency).
2. Participants agree to cooperate with the ProBE Program faculty and coordinator in gaining access to information from the appropriate licensing board (or other agency) relevant to the purposes of this seminar.
3. The assessment will include (a) certification of participation if successfully completed, (b) a copy of the final essay with faculty commentary, and (c) an overall opinion of the participant's capacities for ethical reasoning and insight as demonstrated over the whole course of The ProBE Program. (A copy of this assessment letter will be provided to the participant.)
4. This assessment is part of the information reviewed by the licensing board or other agency of jurisdiction: Completing ProBE may be a necessary but not a sufficient condition for the resolution of the total requirements of the Board or other agency.

### Authorization to Release/Receive Information:

*I understand these terms and conditions of The ProBE Program and hereby agree to abide by them and provide authorization for the faculty to assess my participation and to provide the assessment to the licensing board or other agency that has jurisdiction.*

PRINTED NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



**Enclosed:**  
*(Full payment must be received at least **three weeks** before start of session.)*

- \$ 1,300 Full payment. (includes non-refundable \$50 fee.)
- \$ 300 Deposit (\$250 plus non-refundable \$50 fee.)  
balance of \$1,000 due 3 weeks before selected session.

Please **MAIL** enrollment form with *check* or *money order*, payable to CPEP to:

CPEP-ProBE  
Attn: Helen Braxton  
7351 Lowry Boulevard, Suite 100  
Denver, CO 80230

Or **FAX OR EMAIL** enrollment form and *E-Check/Credit Card Authorization Form* to:

CPEP-ProBE  
Attn: Helen Braxton  
303-577-3241  
hbraxton@cpepdoc.org

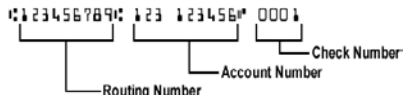
# AUTHORIZATION FORM

Center for Personalized Education for Physicians (CPEP)  
ProBE Program

ES10891

<b>FOR OFFICE USE ONLY</b>	<b>CLIENT #</b>	<b>DATE</b>
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Effective date of authorization: _____		<input type="checkbox"/> New Authorization – ONE TIME	
Last Name		First Name	
Address			
City		State	Zip
<b>Date of Fee Processing*:</b>  ____/____/____	ProBE Program Date: _____  ProBE Program Location: _____		<b>Fee Designation:</b>  ProBE Program \$ _____ Transaction Fee* \$ _____ <b>Total Fees</b> \$ _____  <b>* - A\$25 Transaction Fee is Required for Credit Card Payments</b>
* MUST match date received in CPEP Office			

<b>CHECKING / SAVINGS</b>	Please debit my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____  <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____  
	I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I understand the refund policy as stated on the ProBE Enrollment Form.  Authorized Signature: _____ Date: _____	

<b>CREDIT CARD</b>	Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. I understand the refund policy as stated on the ProBE Enrollment Form.  Signature (as it appears on the credit card): _____ Date: _____	

**Please attach voided check over credit card section above if using checking account.**