



ENROLLMENT FORM New Brunswick, New Jersey



Location: Holiday Inn Express, Tower, approximately 20 miles from Newark International Airport.
Phone: 732-247-6800

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 for dates and deadlines)

Indicate 1st and 2nd Choice:

2010		
January 8-10	May 14-16	September 10-12
New Brunswick, NJ	New Brunswick, NJ	New Brunswick, NJ
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Name		Degree
Specialty		
Address		
City/State		Zip
Office Phone		Mobile Phone
Home Phone		Fax
E-mail		

Referring Board, agency or other representative			
Contact Person		Title	
Address			
E-mail			
City/State			Zip
Telephone			



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, or sessions changes received later than three weeks before the start of the course.

Tuition includes all teaching materials, coffee breaks and Saturday luncheon. 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, and 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* 1

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

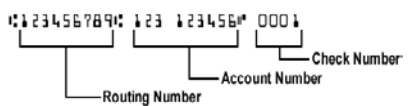
AUTHORIZATION FORM

Center for Personalized Education for Physicians (CPEP)
ProBE Program

ES10891

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

CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____		

CREDIT CARD	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 tape voided check over credit card section above if using checking account.