

CBRF Training Class Application

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

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Current Employer: _____

Check the classes you are interested in attending:

Standard Precautions

○ Preferred Date: _____

First Aide/Choking

○ Preferred Date: _____

Fire Safety

○ Preferred Date: _____

Medication Administration

○ Preferred Date: _____

Please return the completed application to:

Email: hr@dovehealthcare.com

Fax: 715-726-3856

Mail: Jennifer Risinger / CBRF Classes

2815 County Hwy I

Chippewa Falls, WI 54729

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

Signature: _____ **Date:** _____

Questions? Contact Jennifer Risinger at 715-720-2283 or hr@dovehealthcare.com.