

## BASIC FAMILY SERVICES AND BASIC HEALTH SERVICES CREDENTIALS PROGRAM

## **REGISTRATION FORM 2015-2016**

CANDIDATE INFORMATION	
Credential Candidate Name:	
Job Title:	Center
Organization Name:	
Work Address:	
City:	State: Zip: ACF Region (1-12):
Work Phone #:	Home Phone #:Mobile Phone #:
Candidate's Primary Email Ac	ddress (Required)*:
Candidate's Alternate Email A	Address (Optional):
Program Type:	t 🔲 Early Head Start 🔲 MSHS 🔲 Interim
Agency Type:	☐ Community Action Agency ☐ School System ☐ Other
Years Worked: How many yea	ars have you worked in Head Start? In your current position?
Education:	Primary Language:
How did you learn about the I ☐ NHSA News You Can Use ☐ Colleague	☐ Other
	REGISTRATION INFORMATION
•	sic Family Services Credential    Basic Health Services Credential
Registration Fees** (Select one):  Payment Options:	□ \$750 NHSA Member Membership #: □ \$825 Non-Member
1. Check (Mail Only):	Mail check and registration form to: NHSA, Attn: Credentials Program, P.O. Box 759400, Baltimore, MD 21275-9400 Check payable to NHSA. Ck #:
2. Credit Card (Online Only)	: Basic Family Services Credential Basic Health Services Credential

\*Active Email Address Required: The Basic Family Services or Basic Health Services Credential Workbook will be sent by email as a PDF. An active primary email address is required to obtain the Credential Workbook PDF and other Credentials Program correspondence. Click here for more information. \*\*NHSA Credentials Program Refund Policy: There are no refunds of the Credentials Program registration fees. However, a registration can be transferred to another employee of the same organization. For details, send an email to cwallingtonkinlock@nhsa.org.