

National Association of Healthcare Professionals Inc.
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Fax-718-539-3050
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Application Form For New Members or Renewals

(Print form and complete all fields)

Incomplete applications will delay the processing of your application

Mail completed application and a check or money order with the applicable fee to the above address. Include the required documents: **1 passport size photo, a copy of HS diploma or GED. A copy of the certificate of completion for the requested trade or a letter of employment with dates of employment and job description.**

****New members must call to schedule for an appointment to take the certification test****

Name:

Address:

City:

State:

Zip Code:

Telephone:

Date of Birth:

Signature:

Educational Information-Please enter information below

Name of Technical or Trade School:

Date of completion:

Title of Profession:

High School attended:

Year of graduation:

GED

Year GED obtained:

Name of GED granting Institution:

Post High School education other than Trade or Technical School:

Employment Information

Name of Employer:

Address:

City:

State:

Zip Code:

Telephone:

Contact Person:

Please check all that apply

Renewal ()

New Member ()

Certification Requested:

Certified Phlebotomy Technician _____

Certified EKG Technician _____

Certified Medical Assistant _____

Certified Nurse Technician _____

Certified Patient Care Technician _____

Certified Patient Care Associate _____

Certified Medical Biller _____

Certified Nurse Aide Advanced _____