



CE Application Form

For each module, you must score 80% or better on the posttest to receive 1 CE credit (contact hour). A certificate of completion for each module you submit will be mailed to you at the address below within 7 days of receipt. Complete this form and mail it, along with the completed posttests, evaluations, and a check for the correct amount (**\$10 per module, made payable to Medical Education Institute, Inc.**), to:

Kidney School CE Credits
c/o Medical Education Institute, Inc.
414 D'Onofrio Dr, Suite 200
Madison, WI 53719

Please check off the modules for which you are submitting this application:

- | | |
|--|---|
| <input type="checkbox"/> Module 1—Kidneys: How They Work, How They Fail, What You Can Do | <input type="checkbox"/> Module 4—Following Your Treatment Plan |
| <input type="checkbox"/> Module 2—Treatment Options for Kidney Failure | <input type="checkbox"/> Module 5—Coping with Kidney Disease |
| <input type="checkbox"/> Module 3—Working with Your Health Care Team | <input type="checkbox"/> Module 6—Anemia and Kidney Disease |

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Credentials: _____

License Number: _____ **State of Issue:** _____

- Profession:**
- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Dietitian | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other |

Date of Completion: _____