

GEDDES PRODUCTIONS

THE BABY'S PERSPECTIVE COURSE

Application for CEUs or CERPS

Name _____ Credential initials _____

Address _____

Phone _____ Email _____

Applying for: RN/LVN CEUs _____ IBLCE CERPS _____

RN license # _____ LVN license # _____ IBCLC # _____

MD or others needing certificate of completion _____

Module Number(s) _____1, _____2, _____3, _____4, _____5, _____6

Date of DVD Module purchase (please submit proof of purchase in your name)

Module #1 _____ Module #2 _____ Module #3 _____

Module #4 _____ Module #5 _____ Module #6 _____

Date of CEU/CERP request _____

Signature