

FNTP REGISTRATION PACKET

Student Information

REQUIRED INFORMATION (Items marked with an asterisk * are required)

*First / Given Name

*Last / Family Name

Degree, Credential, or Licensure (If Any)

Previous Nutrition Training (If Any)

*Address

*City

*State / Territory

*Zip / Postal Code

*Country

*Email

*Phone

Cell, home, or work?

*Highest Grade Completed

Website (If Any) & Main Topic (e.g. Nutrition, Fitness, etc.)

OPTIONAL INFORMATION

The following information is optional and confidential, but we are required to have these fields included by the Washington State Workforce Training & Education Coordinating Board.

Date of Birth

Gender

Ethnicity

Social Security Number

WHO REFERRED YOU?

How did you hear about the NTA? Were you referred from a friend, podcast, or a website? Let us know and they will receive \$75 or \$150 (depending on their NTA membership status)! As an NTA Member, you can also receive \$150 (twice the non-member rate of \$75) for anyone you refer to one of the NTA's training programs! Visit NutritionalTherapy.com for more details.

Their First & Last Name (One person only)

Their Email or Website

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Emergency Care Authorization

I, , hereby authorize any licensed medical emergency team to administer treatment and/or transportation to a medical facility for further treatment by a licensed physician if a medical emergency arises while I am attending workshops as a student of the Nutritional Therapy Association, Inc.[®]. This emergency authorization is effective during my hours as a student through the Nutritional Therapy Association, Inc.[®], and for my length of stay as a student. All fees incurred for such emergency treatments or services will be my responsibility. The Nutritional Therapy Association, Inc.[®] is not responsible in any way for such fees.

Existing Medical Conditions (Drug Allergies, Seizures, etc.):

Emergency Contact Name

Phone Number

Insurance Company

Address

City

State

Zip / Postal Code

Country

Email

Phone

Policy Holder

Address

City

State

Zip / Postal Code

Country

Email

Cell Phone

Home Phone

Student Printed Name

Student Signature

Date