

CMR Institute Enrollment/Registration Form

Complete the following form, in its entirety, to enroll in a CMR Institute program, course or module. CMR Institute does not send confirmation of receipt of form. Please call for verification if needed. Notify the Institute immediately of any change of address. There may be a charge to resend printed materials that have been delivered to incorrect address.

Have you participated or enrolled in a CMR Institute program, course, or module before? ___yes ___no

Full Name: _____ **Employer:** _____

(Please print your name as you would like for it to appear on mailings and certificates)

Street 1: _____ **Business Phone:** _____

Street 2: _____ **Mobile Phone:** _____

City/State/Zip _____

Email: _____

By my signature below, I authorize CMR Institute to release my student transcript information to my employer if my continued education with CMR Institute is company sponsored. Additionally, if my company sponsors my education with CMR Institute, I further waive any claim against CMRI in connection with the disclosure of this information to my employer.

Signature: _____ **Date:** _____

Specialty Certificates - CMR Institute's specialty certificate programs are designed to build targeted expertise in a particular topic area. Designed to provide a succinct learning experience, an entire certificate program can be completed in less than 30 hours.

To enroll in a Specialty Certificate, please check the box to the right of the desired Certificate.

4C	
Management Development	
Value-Centric Selling	
Diabetes	
Disease Management	
Managed Healthcare	

Modules – CMR Institute’s modules provide access to our industry-respected content through streamlined online modules that are 30-45 minutes in length.

To enroll in a module, please write in the name of the selected module on the lines provided below.

1. _____
2. _____
3. _____
4. _____

CMR Institute
4423 Pheasant Ridge Rd
Suite 100
Roanoke, VA 24014

Phone – 800.328.2615
Fax - 540.989.4720
program@cmrinstitute.org

CMR Institute Enrollment/Registration Form

PLEASE MAKE A CHECK IN THE PRINT OR ONLINE COLUMNS BELOW FOR THE COURSES YOU WISH TO TAKE

Course Name	Course ID	Print	Online	Course Name	Course ID	Print	Online
21 st Century Physician (The)	BUS-451			Managed Healthcare Market (The)	BUS-301.1		
Applications of Evidence Based Medicine	BUS-453		N/A	Managing People	MGT-422		N/A
Asthma	DSM-401		N/A	Medical Ethics	SCI-403		N/A
Business Ethics in the BioPharm Industry	MGT-441		N/A	Musculoskeletal System	SCI-421		N/A
Business & Management Strategies in Healthcare	BUS-421		N/A	Nervous System	SCI-425		N/A
Cardiovascular System	SCI-423		N/A	Nutrition	DSM-421		
Contemporary Pharmacoeconomics	BUS-441		N/A	Oncology	DSM-403		N/A
Diabetes: Approaches in Disease Mgt	DSM-402		N/A	Outcomes: Measurement, Management and Marketing	BUS-442		
Digestive System	SCI-428		N/A	Pharmaceutical Ethics and Compliance	BUS-601	N/A	
Disease Management	DSM-301		N/A	Pharmaceutical Industry (The)	BUS-401		N/A
Endocrine System	SCI-426		N/A	Pharmaceutical Marketing	MGT-401		
Evolving Healthcare Comm. (The)	BUS-402			Principles of Pharm Management	MGT-301		N/A
Field Sales Management	CPM-421		N/A	Psychiatric Disorders	DSM-426		N/A
Focus on Pain Mgmt	DSM-422			Reproductive Systems	SCI-431		N/A
Focus on Women's Health	DSM-423		N/A	Respiratory System	SCI-429		N/A
Formulary Process (The)	BUS-403		N/A	Strategies and Tools for Sales Effec.	BUS-424		N/A
Human Body Pathology and Treatment	SCI-301			Urinary System	SCI-430		N/A
Impact of Drug Resistance	DSM-424		N/A	Value of Pharmaceuticals (The)	BUS-452		
Intro to Pharmacology	SCI-302						
Long Term Care	BUS-405		N/A				
Managing Business Communications	MGT-421						

To be completed by CMR Institute:

Company Pay OR Student Pay
Order# _____

CNT# _____

LMS: Assign Course _____ Permission _____
 Assign Exam _____ Permission _____

CMR Institute
 4423 Pheasant Ridge Rd
 Suite 100
 Roanoke, VA 24014

Phone – 800.328.2615
 Fax - 540.989.4720
program@cmrinstitute.org