

**NATIONAL HANSEN'S DISEASE PROGRAMS**  
**LOWER EXTREMITY AMPUTATION PREVENTION AND**  
**TREATMENT OF THE NEUROPATHIC FOOT**

\*\*\*\*\*

**ONLINE COURSE APPLICATION FORM**

Name \_\_\_\_\_  
(Please Print) (Title)

Certification Number (e.g. C.Ped, CFO, CO) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
(Include Area Code) (Include Area Code)

E-Mail Address \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

This application will be processed on return and you will receive an online username and password.

**NHDP Education Department**  
**1770 Physicians Park Drive**  
**Baton Rouge, Louisiana 70816**  
**Att: Mickey Templet**  
***mtemplet@hrsa.gov***  
**Phone: (225) 756-3761**  
**Or**  
**FAX: (225) 756-3760**