



National Institute for Health Education (NIHE)

admin@nationalhearted.com

## Instructor Information Record

Please block print clearly (\*Items are Mandatory! ) - Date Completed: \_\_\_\_\_

\*Full Name with credentials (ie RN): \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Driver's License Number: \_\_\_\_\_ \*Issue State: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Employer \_\_\_\_\_

\*Work Phone \_\_\_\_\_

\*Occupation \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_