



LAGOS STATE UNIVERSITY
COLLEGE OF MEDICINE
(LASUCOM)



1-5 Oba Akinjobi Way, GRA, Ikeja, Lagos,
Nigeria

HEALTH PROFESSIONS ENTREPRENEURSHIP TRAINING PROGRAM

REGISTRATION FORM NEW

1	Identification Number*	
2	Surname	
3	First name	
4	Middle name	
5	Address: number, street, town, state, country.	
6	Contact telephone number with country code	
7	Additional telephone number	
8	WhatsApp telephone number	
9	Email address	
10	Next-of-Kin in case of emergency: name, address, telephone numbers	
11	Healthcare profession**	
12	Nature of employment (self/government/private)	
13	Registration Fee (N5000.00)	Please pay N5000.00, return completed form and you will be notified to pay course fee based on qualification and order of application.

14	Intended course of training	
	Medical Entrepreneurship ENT CME 090819 (Fees: N200,000.00)	<input type="checkbox"/>
	Health Professions Entrepreneurship ENT CHPE 090819 (Fees: N250,000.00)	<input type="checkbox"/>
15	Single Module Registration	
	Module Number (1-8) <input type="text"/>	Module Fee <input type="text"/>
16	Date available for the course (dd/mm/yy) /comment	
17	Mode of payment (please keep all records)	Electronic transfer to Account Name: LASUCOM Dedicated Revenue, Account No.1750027391, Polaris Bank <input type="checkbox"/> Cash at LASUCOM Bursary <input type="checkbox"/>
18	Sponsor (self/employer/others)	
19	How did you hear about the program (Internet/word of mouth/newspaper/social media/others)	

*course code ENT CME 090819 or ENT CHPE 090819 (for the 9th August 2019 courses) followed by your initials plus your chosen 4-unit code. Examples of ID Number: ENT CME 090819 KOJ7897 or ENT CHPE 090819 TAA5271

** e.g. Physician/Dentist/Nurse/Pharmacist/Physiotherapist/Nutritionist/OccupationalTherapist etc., (please attach 1 photocopy of basic evidence).

20	FOR OFFICIAL USE ONLY	
21	Accepted	
22	Rejected	
23	Course of training accepted for	
24	Date	
25	Amount paid	
26	Comment	