**PAN APICS Course Referral Program**

**Instructions to Applicants:**

Fill out this form completely. One form permitted per referral. Submit this form along with supporting documentation to: [VP-Education@pan-apics.org](mailto:VP-Education@pan-apics.org).

**Which course did you take with PAN APICS?**

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who have you referred to take a PAN APICS course?**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which Course have they signed up to take?**

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are awarded a referral gift card, which form would you prefer?**

\_\_\_\_ Visa Gift Card

\_\_\_\_ Amazon Gift Card

\_\_\_\_ $100 Towards a Future PAN APICS Course

Applicant (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (signed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program rules and restrictions:

* Referrals are awarded to members and nonmembers who have completed courses with PAN APICS only. Current undergraduate students are not eligible for this program.
* PAN APICS has the right to deny a referral request at PAN APICS’ discretion.
* Approval and final decision is made at the sole discretion of the VP Education.
* PAN APICS has the right to terminate this program, for any reason, at any given time without advanced notice.