

Complete the following form, front and back, to enroll in the CMR® Certification Program. Please allow 30 days for processing.

CMR Institute does not send confirmation of receipt of applications. Please call for verification if needed. Notify the Institute immediately of any change of address. There will be a charge to resend materials that have been delivered to an incorrect address.

Have you participated or enrolled in the CMR Certification Program before?  Yes  No

Please check:  Mr.  Ms.  Mrs.

Full Name: \_\_\_\_\_  
(Please print your name as you would like it to appear on **mailings.**)

Full Name: \_\_\_\_\_  
(Please print your name as you would like it to appear on your **diploma.**)

Social Security Number: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_  
(No post office boxes, please.)

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Territory/Division #: \_\_\_\_\_

Please check one: Concentration of Study

Business in Healthcare  Science and Medicine  Disease Management  Pharmaceutical Management

If your company pays enrollment and/or course registration fees, please do not complete payment information below. If you are responsible for the enrollment fee and/or the course registration fees, please fill out payment information below.

By my signature below, I authorize CMR Institute to release my student transcript information to my employer, and I further waive any claim against CMRI in connection with this disclosure of this information to my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check method of payment:  Check (Make payable to CMR Institute)  Money Order  
 VISA  MasterCard  American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**CMR Institute**

4423 Pheasant Ridge Road

Suite 100

Roanoke, VA 24014

Phone: 800.328.2615

Fax: 540.989.4720

Email: [program@cmrinstitute.org](mailto:program@cmrinstitute.org)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

No more than four courses may be registered for at one time. Some sponsoring companies may allow fewer courses than four at one time; only company maximum will be sent if more courses are chosen. Please allow 30 days for processing. Students have 12 months to successfully complete each course.

Please mark your selections.

**Foundation or Required Courses**

- |  |   |
|--|---|
| <input type="checkbox"/> Disease Management DSM-301 (3 cr)                   | <input type="checkbox"/> Introduction to Pharmacology SCI-302 (4 cr)    |
| <input type="checkbox"/> Human Body, Pathology, and Treatment SCI-301 (4 cr) | <input type="checkbox"/> The Managed Healthcare Market BUS-301.1 (3 cr) |

**Concentration in Science and Medicine Courses**

- Cardiovascular System SCI-423 (4 cr)
- Digestive System SCI-428 (3 cr)
- Endocrine System SCI-426 (3 cr)
- Integumentary System SCI-422 (2 cr)
- Immune System SCI-424 (3 cr)
- Medical Applications of Biotechnology SCI-402 (3 cr)
- Medical Ethics SCI-403 (1 cr)
- Musculoskeletal System SCI-421 (3 cr)
- Nervous System SCI-425 (3 cr)
- Pharmaceutical and Medical Research SCI-401 (3 cr)
- Reproductive Systems SCI-431 (3 cr)
- Respiratory System SCI-429 (3 cr)
- Sensory Organs SCI-427 (3 cr)
- Urinary System SCI-430 (3 cr)

**Concentration in Pharmaceutical Management Courses**

- Managing Business Communication MGT-421 (3 cr)
- Managing People MGT-422 (3 cr)
- Pharmaceutical Marketing MGT-401 (3 cr)
- Principles of Pharmaceutical Management MGT-301 (3 cr)
- Business Ethics and the Pharmaceutical Industry MGT-441 (4 cr)
- Field Sales Management CPM-421 (3 cr)\*

**Concentration in Disease Management Courses**

- Asthma: Approaches in Disease Management DSM-401 (3 cr)
- Behavioral Pathology and Treatment DSM-425 (3 cr)
- Diabetes: Approaches in Disease Management DSM-402 (3 cr)
- Focus on Women's Health DSM-423 (3 cr)
- Focus on Pain Management DSM-422 (3 cr)
- Impact of Drug Resistance on Antibiotic Therapy DSM-424 (3 cr)
- Nutrition: Wellness and Disease DSM-421 (3 cr)
- Oncology: Treatment and Management DSM-403 (4 cr)

**Concentration in Business in Healthcare Courses**

- The 21st Century Physician BUS-451 (3 cr)
- Business and Management Strategies in Healthcare BUS-421 (3 cr)
- Business and Strategic Planning BUS-423 (3 cr)
- Contemporary Pharmacoeconomics BUS-441 (3 cr)
- The Evolving Healthcare Community BUS-402 (3 cr)
- The Formulary Process—Managing the Pharmacy Benefit BUS-403 (3 cr)
- Long-Term Care BUS-405 (3 cr)
- Outcomes: Measurement, Management, & Marketing BUS-442 (3 cr)
- The Pharmaceutical Industry BUS-401 (3 cr)
- The Value of Pharmaceuticals BUS-452 (3 cr)

\* MGT-301 is a required course for the Pharmaceutical Management Concentration.

\*\*The following courses must be completed prior to registering in CPM-421:

MGT-301, MGT-401, MGT-421, and MGT-422

**PRIVACY POLICY**

The CMR Institute's policy is to respect the privacy of our users. CMR Institute will not sell, rent or trade personal information about our users to any third party. If you choose to enroll in a CMR Institute program, CMR Institute will share information including tracking, activity and score reports with your sponsoring company as necessary to provide service to you. For a complete legal and privacy statement, please visit [www.cmrinstitute.org](http://www.cmrinstitute.org).

**NON-DISCRIMINATION POLICY**

The Certified Medical Representatives Institute admits students of any race, religion, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students. The Institute does not discriminate on the basis of race, religion, sex, color, or national or ethnic origin in administration of its educational policies, admission policies, or other programs administered by the Institute.

**OTHER CMR INSTITUTE POLICIES AND PROCEDURES**

Payment, Returned Check, and Refund policies can be found in the CMR Institute handbook on page 10.

Before acceptance into the program, you must read and sign the CMR Institute Policies and Honor Code form and return it to CMR Institute via fax or mail.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: (540) 989-4720