DCF Child Care Training Office

Receipt Information

Name: Evelyn A. Lemoine Student ID: 1127108

Note: This is your Exam Payment Receipt - this is NOT your Exam Confirmation Letter. To access, review and print your Exam Confirmation Letter, go to:

Main Menu - My Student Information and Transcript - My Confirmations Tab

Click "PRINT" Button next to the exam you are scheduled to take to View or Print your Exam Confirmation Letter.

The following receipt information is provided for your records. This receipt indicates payment for the following exam.

Exam Information

Exam Module Name: Health, Safety and Nutrition (HSAN)

Exam Fee:	Fee: \$ 8.00
Payment Made:	\$8.00
Payment Type:	CREDIT CARD
Payment Date:	03/20/2013
Exam Date:	04/20/2013

If a credit card transaction exist, it may have been used to purchase multiple items. All items purchased in this transaction will be listed below.

Transaction ID: 106161316 Amount Paid: \$14.00 Date Paid: 03/20/2013

Exam Module: Child Care Facility Rules and Regulations (FACR) Fee: \$6.00 Exam Session Date: 04/06/2013
Exam Module: Health, Safety and Nutrition (HSAN) Fee: \$8.00 Exam Session Date: 04/20/2013

Exam_Location

Location Name: NSU - HPD- ASSEMBLY BLDG II - MORRIS AUDITORIUM Location Address: NO PURSES ALLOWED INSIDE EXAM ROOM No Physical Address (map below) Davie, FL 33314

Training Coordinating Agency (TCA) Information

TCA Name:Nova Southeastern UniversityTCA Address:Child Care Training Program
Davie, FL 33328TCA Phone Number:(954) 262-6905TCA Contact Name:Child Care Training Program