

CCAC PUBLIC SAFETY INSTITUTE REGISTRATION FORM

MONTH DAY YEAR
 - -
 BIRTH DATE

REFUND POLICY: Students not attending the program must notify the CCAC Public Safety Institute in writing BEFORE the first class session of their withdrawal in order to receive a refund.

LAST NAME (SKIP A SPACE) FIRST NAME (SKIP A SPACE) MIDDLE INITIAL

STREET ADDRESS

TOWN/CITY STATE ZIP

- -
 AREA CODE HOME TELEPHONE

- -
 AREA CODE ALTERNATE TELEPHONE

PLACE OF PERMANENT ADDRESS (CHECK ONE)
 ALLEGHENY COUNTY (1)
 OUT-OF-STATE (5) _____
 OUT-OF-COUNTY _____

NEW ADDRESS

EMAIL ADDRESS: _____

PAYMENT MUST BE ENCLOSED WITH REGISTRATION (Print telephone number on check or money order)

CHECK MONEY ORDER DISCOVER MASTER CARD VISA

Charge Only (please fill out all information) EXP DATE _____ CARD NUMBER _____ - _____ - _____ - _____

3 DIGIT SECURITY CODE (ON BACK OF CARD): _____ CARD HOLDER'S SIGNATURE _____


COURSE NUMBER	SEMESTER	COURSE NAME	FEE

STUDENT SIGNATURE (Required for enrollment) _____ DATE _____

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APPLICATION PROCESS: Complete and return the application with payment. No further notice will be provided. CCAC will notify the registered students in the event that the program is canceled.

**** FEE FOR OUT-OF-STATE RESIDENTS ONLY.** *Out-of-State is defined as anyone who lives in a state other than Pennsylvania - even if a PA employer is paying for the program*

 If you require special arrangements, please contact the office prior to class start.

COMPLETE AND MAIL THE APPLICATION TO:

CCAC PUBLIC SAFETY INSTITUTE
 808 RIDGE AVENUE * VAC ROOM 103*
 PITTSBURGH PA 15212 or
 PHONE-IN 412-237-2500 or FAX 412-237-4628 or
 REGISTER & PAY FOR NONCREDIT COURSES:
<http://shopcommunityed.ccac.edu/>

LEVEL OF CERTIFICATION / TRAINING

FRP EMT-P FIRE DISPATCHER
 EMT NURSE POLICE OTHER

Cert # _____ Exp. _____