# CCAC Workforce Development

# Community Training & Development

## Non-Credit Registration Form
**www.ccac.edu/workforce**

**Please print.** Complete and return this form with payment (if applicable). No further notice will be provided.

| | |
|---|---|
| Date of Birth (required for enrollment) MM/DD/YYYY: | |

| Last Name: | First Name: | Middle Initial: |
|---|---|---|

| Street Address: | Apt: |
|---|---|

| City: | State: | Zip: | County: |
|---|---|---|---|

| Home Phone: | | | Alternate Phone: | | |
|---|---|---|---|---|---|

| Email Address: | New Address (X): |
|---|---|

**Have you ever served in the Military (circle one)?** No – Yes (see below)
**Are you a dependent of a Veteran (circle one)?** No – Yes (see below)

**NOTE:** If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.

**Veteran Benefits:**
☐ 30 Montgomery   ☐ 35 Dependent   ☐ Chapter 33 Post-9/11 GI Bill   ☐ Veteran not using benefits
☐ 1606 Reserve    ☐ Chapter 1607   ☐ Chapter 31

**Place of Permanent Address (check one)**
☐ Allegheny County (1)
☐ Out-of-State (5)
☐ Out-of County

## Payment Must Be Enclosed (if applicable)

Print Phone Number on Check or Money Order (Checks Payable to CCAC)

**Mail To:**   **CCAC – Susan Kennedy**

**808 Ridge Avenue – Byers – 202**

**Pittsburgh, PA  15212-6097**

This voluntary information is compiled by the college for statistical purposes only and no personally identifiable information will be released.

**Marital Status:**
☐ Single   ☐ Married
☐ Divorced   ☐ Separated
☐ Widowed

**Sex:**
☐ Male   ☐ Female

**Do you consider yourself to be Hispanic/Latino/Spanish Origin?**
☐ Yes   ☐ No

**In addition, select one or more of the following racial categories to describe yourself:**
☐ American Indian/Alaskan   ☐ Asian
☐ Black or African American   ☐ White or Caucasian
☐ Native Hawaiian or Pacific Islander

Because CCAC cares about your privacy, we cannot process credit card information by mail.
Please visit **ccac.edu**, any CCAC facility, or call 412.369.3701 to register if you prefer to pay by credit card.

**Refund Policy**
Students not attending the program (course) must notify CCAC in person, by mail or at 412.369.3701 BEFORE the first class day in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

| Course Number | Semester | Course Title | Course Location | Cost (if applicable) |
|---|---|---|---|---|
| | N15FA | | | $ |
| | N15FA | | | $ |
| | N15FA | | | $ |

| | | Date | |
|---|---|---|---|
| **Student Signature (Required for enrollment)** | | Date | |
| **If sponsored, Authorizing Agency** | | | |
| **& Signature** | | Date | |

**LEVEL OF CERTIFICATION/TRAINING (for Public Safety Institute courses only)**

☐ FRP   ☐ EMT-P   ☐ FIRE   ☐ DISPATCHER
☐ EMT   ☐ NURSE   ☐ POLICE   ☐ OTHER

| Cert #: | | Expiration: | |
|---|---|---|---|

If you require special arrangements, contact the nearest CCAC Supportive Services office prior to class:
Allegheny – 412.237.4612 • Boyce – 724.325.6604
North – 412.369.3686 • South – 412.469.6207
TTY – 412.369.4110 & 412.469.6005

Form Updated 02.18.2015