

# CROSS CONNECTION CONTROL BACKFLOW TESTER COURSE

Oregon Health Authority Approved

ATTENTION!! To avoid a \$15 billing charge please MAKE SURE THAT THIS FORM DOES NOT BECOME SEPARATED FROM YOUR PAYMENT. Thank you!

## PREREGISTRATION IS REQUIRED!!

COURSE: **WQT 009-32 Backflow Tester Course (4.0 CEUs)**

DATES: December 6-10, 2010

TIME: 8:00 a.m. to 5:00 p.m.

LOCATION: Clackamas Community College  
Oregon City, Oregon  
Training Center, Room T-150

COST: \$470.00

**Please Note: There is a \$15 service charge for purchase orders.**

(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested PRIOR to the beginning of the class.)

Make checks payable to:  
**Clackamas Community College**  
(attach this form to payment)  
Attn: Registrar  
19600 S. Molalla Avenue  
Oregon City, OR 97045

-OR-

Fax registration form with credit card information to:  
**(503) 722-5864**

For further information, call 503-594-3345. A letter of confirmation will be mailed to you prior to the start of the class.

PLEASE READ THIS! Upon completion of this course, the Oregon Health Authority will require proof of high school diploma or GED completion in order to become a licensed backflow device tester.



## QUICK ENTRY REGISTRATION FORM 2010-2011

Social Security # or Student I.D.# \_\_\_\_\_ Birthdate \* \_\_\_\_\_ Today's Date \_\_\_\_\_  
Name \_\_\_\_\_  
*Last First Middle Previous names*  
Mailing address \_\_\_\_\_  
*Street City State County Zip*  
Telephone \_\_\_\_\_  
*Home Work*  
High school attended \_\_\_\_\_  
*Name Location Graduation Date*

SUMMER  FALL  
 WINTER  SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

<p><b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race</b> (Choose all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p> <p><b>Residency/Student Type</b> (Required for tuition purposes) <input type="checkbox"/> In State (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.) <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Out of State <input type="checkbox"/> US citizen and permanent resident outside of Oregon, CA, ID, WA, NV <input type="checkbox"/> International visitor (B, J, H or other nonstudent Visa) <input type="checkbox"/> International student (requires I-20)</p>	<p><b>Intended Academic Program</b> Program Code/Title _____</p> <p><b>Previous College Attendance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School _____</p> <p><b>Reason for Enrolling</b> <input type="checkbox"/> Transfer classes <input type="checkbox"/> Reading/writing/math skills <input type="checkbox"/> Learn job skills <input type="checkbox"/> Learn English language <input type="checkbox"/> Update job skills <input type="checkbox"/> Personal interest <input type="checkbox"/> High school completion/GED <input type="checkbox"/> Other <input type="checkbox"/> Explore career/academics</p>
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Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
201221	WQT-009-32/5-Day Backflow Tester	4.0 ceu	8 am	x	x	x	x	x		T150	12/6/10	\$470

**Payment by:**

VISA/Mastercard/Discover  Check  Cash  Other \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on card \_\_\_\_\_  
Signature \_\_\_\_\_

**FAX to: 503-722-5864 or Mail to:**  
**Registrar, Clackamas Community College**  
**19600 Molalla Avenue**  
**Oregon City, OR 97045-7998**

A registration confirmation will not be mailed. Please verify your enrollment by going to [cougartrax@clackamas.edu](mailto:cougartrax@clackamas.edu)