

# CROSS CONNECTION CONTROL SPECIALIST COURSE

Oregon Health Division 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 009-41 Specialist Certification (3.2 CEUs)**  
(OESAC Approved #921 for 2.8 Wastewater CEUs and 2.8 Drinking Water CEUs)

DATES: November 1-4, 2010

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

LOCATION: Clackamas Community College – Room T150  
19600 S. Molalla Avenue  
Oregon City, Oregon

COST: \$375.00

**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** -OR-  
(attach this form to payment)  
Attn: Registrar  
19600 S. Molalla Avenue  
Oregon City, OR 97045

**Fax with credit card information**  
to: 503-722-5864

For further information, call 503-657-6958 Ext. 2388. 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 DIVISION WILL REQUIRE PROOF OF HIGH SCHOOL DIPLOMA OR GED COMPLETION IN ORDER TO BECOME A CERTIFIED CROSS CONNECTION SPECIALIST.**



## 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.

**Gender**  Male  Female

**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino

**Race** (Choose all that apply)  American Indian/Alaska Native  Asian  
 Black or African America  Native Hawaiian or other Pacific Islander  White

**Residency/Student Type** (Required for tuition purposes)  
 **In State** (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)  Immigrant  Refugee  Other  
 **Out of State**  
 US citizen and permanent resident outside of Oregon, CA, ID, WA, NV  
 International visitor (B, J, H or other nonstudent Visa)  
 International student (requires I-20)

**Intended Academic Program**

Program Code/Title \_\_\_\_\_

**Previous College Attendance**

Yes  No  
Name of School \_\_\_\_\_

**Reason for Enrolling**

Transfer classes  Reading/writing/math skills  
 Learn job skills  Learn English language  
 Update job skills  Personal interest  
 High school completion/GED  Other  
 Explore career/academics

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
201226	WQT-009-41/4-Day Cross Conn. Spec.	3.2 ceu	8 am	x	x	x	x			T150	11/1/10	\$375

**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