

CROSS CONNECTION CONTROL BACKFLOW TESTER COURSE

Oregon Department of Human Services 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: WET 009-31 One-Day Specialist Update

DATES: March 9, 2012

TIME: 8:00 a.m. to 3:00 p.m.

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

COST: \$85.00

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:
Attn: Registrar to:
19600 S. Molalla Avenue
Oregon City, OR 97045

-OR-

Fax registration form with credit card information
Clackamas Community College
(503) 722-5864
(attach this form to payment)

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 Division will require proof of high school diploma or GED completion in order to become a licensed backflow device tester.



QUICK ENTRY REGISTRATION FORM 009 -2010

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 is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the Schedule of Classes which describes how your number will be used. 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 American Indian/Alaska Native Asian/Pacific Islander
 Black/Non-Hispanic Hispanic White/Non-Hispanic

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
218613	WET-009-31/1 DAY SPECIALIST UPDATE	0.6 ceu	8 AM						x	T150	3/9/12	\$85

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 cougatrx@clackamas.edu

Clackamas Community College does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, age, national origin/ancestry, disability, family relationship or any other protected status in accordance with applicable law. The College's commitment to nondiscrimination applies to curriculum activity and all aspects of operation of the College.