



PUBLIC SAFETY CONTINUING EDUCATION REGISTRATION FORM
P.O. Box 309
JAMESTOWN, NC 27282

IMPORTANT: Please print clearly, respond to all questions completely, and sign and date this registration form. **Incomplete forms cannot be processed.**

Course: _____ **Course Title:** _____
COURSE CODE SECTION

Location: _____ **Date:** _____
START END

Student ID #: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET/P.O. BOX/ROUTE CITY STATE ZIP

County of Residence: _____ **Date of Birth:** _____
MONTH DAY YEAR

Email Address: _____ **Home/Cell Phone:** _____
(Circle one) (with area code)

A. Sex: <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/> 3. Other	B. Ethnicity: <input type="checkbox"/> 1. Hispanic/Latino <input type="checkbox"/> 2. Non-Hispanic/Latino	C. Race <input type="checkbox"/> 1. Native American/Alaskan <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black/African American	<input type="checkbox"/> 4. Hawaiian/Pacific Islander <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other
D. Highest Education Level <input type="checkbox"/> 12. High School Diploma <input type="checkbox"/> 13. GED <input type="checkbox"/> 14. Vocational Diploma	<input type="checkbox"/> 15. Associate Degree <input type="checkbox"/> 16. Bachelor Degree <input type="checkbox"/> 17. Master Degree or Higher	E. Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired	
F. Please check one: <input type="checkbox"/> I certify that I am at least 18 years old and not enrolled in a public school <input type="checkbox"/> I am under 18 and have provided a Minor Release Form to the Continuing Education Registrar's Office.			

To receive a fee waiver, the student must meet the following criteria: Current affiliation with a North Carolina Fire Department, Department of Corrections, Telecommunications or an EMS, Rescue, Emergency Management, Law Enforcement agency, BLET, Military or public or private elementary or secondary school.

Agency or School Name: _____
(PLEASE DO NOT ABBREVIATE)

Status: Paid Volunteer

Eligible job classifications (Must check <u>at least</u> one):	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Tele-communicator	<input type="checkbox"/> Law Enforcement (sworn officer)
	<input type="checkbox"/> EMR	<input type="checkbox"/> Rescue Personnel	<input type="checkbox"/> Detention/ Correction Officer
	<input type="checkbox"/> EMT	<input type="checkbox"/> Emergency Mgmt	<input type="checkbox"/> BLET
	<input type="checkbox"/> AEMT	<input type="checkbox"/> Military	<input type="checkbox"/> Elementary/Secondary School employee (for CPR & First Aid only)
	<input type="checkbox"/> Paramedic		

By completing and signing this form, the student certifies that all the information is correct. Students who do not meet the criteria for a fee waiver must pay the appropriate registration fee.

Fee-waived Students: My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.

Incomplete forms will not be processed resulting in the student not receiving credit for the course.

STUDENT SIGNATURE: _____ **DATE:** _____

For Official Use Only

Student ID: _____ Term: _____
 Exempt Non-Exempt Fee Paid: \$ _____