HOWARD COMMUNITY COLLEGE
You Can Get There From Here.

HOWARD COMMUNITY COLLEGE
Registration

Social Security Number **(last 4 digits)**

X	X	X	■	X	X	■				

Last Name

First Name

Student's Home Address (Check here if new address ☐)

Number and Street ***City*** ***State*** ***Zip code***

What is your race? Select one or more of the following categories:

County	**Date of Birth**	**Gender**	Are you of Hispanic or Latino origin? Yes___ No___		
		M F	☐ American Indian or Alaska Native	☐Black or African American	☐White
☐ **I am over 16 years of age.**			☐ Asian	☐Native Hawaiian or Other Pacific Islander	
To see a list of ethnic origin category definitions, please visit http://www.howardcc.edu/categorydefinitions					

E-Mail Address _____

Home Phone or Cell Phone

area code

Business Phone

area code

SPRING 2012 9:00 a.m. - 1:30 p.m.

✓☐	Date	Title and Location		Tuition	Syn.	Course	Section
	3/26/12	TB Skin Test Training	Baltimore County Health Dept.	$60	0497	XH 570	S7628
	4/09/12	TB Skin Test Training	Gateway Bldg., Ecker Business Training Ctr	$60	0501	XH 570	S7629
	5/07/12	TB Skin Test Training	Gateway Bldg., Ecker Business Training Ctr	$60	0504	XH 570	S7630
	5/08/12	TB Skin Test Training	Anne Arundel County Dept. of Health	$60	0516	XH570	S7632

Maryland Community College Association for Continuing Education and Training is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

MUST BE SIGNED AND DATED TO BE OFFICIAL. I certify the above information to be true and correct. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance records and registration information to the **Maryland Department of Health and Mental Hygiene,** or to credentialing agencies for CEUs, when applicable.
NOTE: This course offering is for 4.0 contact hours.
100% Attendance and completion of an evaluation form is required to receive a *Certificate of Successful Completion*.

Signature_____ **Date:** _____

Fax-in: Fax your registration form and and credit card information to: 443-518-4333 Attn: Catalina Ruiz	**Mail-in:** Send registration form and check to: Howard Community College 10901 Little Patuxent Parkway Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 220 ***Please include student's address and phone number on check.***

FOR FAX-IN (*circle one credit card):*
VISA/MasterCard/Discover/American Express: _____ **Exp. Date**: _____

Cardholder's Name: _____ **Signature**: _____