



## Continuing Education Registration Form

ACC, 1304 Plaza Drive, Burlington, NC 27215

<b>Student ACC ID #</b>	<b>Certification License #</b> (Auto Dealer, EMS, Real Estate, etc.)						
<b>LAST Name</b>	<b>FIRST Name</b>			<b>MIDDLE Name</b>			
<b>Suffix</b>			<b>Nickname</b> (if you typically use a name other than the above)				
<b>Street Mailing Address</b>							
<b>City</b>			<b>State</b>	<b>Zip</b>	<b>County in which you live</b>		
<b>Home #</b>		<b>Cell #</b>			<b>Work #</b>		
<b>SS #</b>		<b>Date of Birth</b>			<b>Gender</b>		
<b>Ethnicity</b>		<b>Employment Status</b>			<b>Highest Educational Level</b>		
<b>Employer</b>	<b>Student Signature</b>				<b>Date</b>		
<i>By my signature, I am affirming that this information is correct. I hereby authorize the release of information necessary to report my completion of this course to my agency of affiliation as needed for my certification.</i>							
<b>NC Safety/ OBD Employment info</b>							
Employer							
Supervisor's Name & Phone Number							
Email address for receipt							
<b>Email Address</b>							
<b>COURSE TITLE</b>	<b>CLASS ID</b>	<b>DATES</b>	<b>DAYS</b>	<b>TIME</b>	<b>LOCATION</b>	<b>FEE</b>	
<b>O F F I C E U S E O N L Y</b>					<b>Reg. Fee</b> _____ <b>PM</b> _____ <b>Books</b> _____ <b>Cards</b> _____ <b>Malpr Ins</b> _____ <b>Other</b> _____ <b>TOTAL</b> _____		
<input type="checkbox"/> CE B.SKILLS+ <input type="checkbox"/> CE HRD <input type="checkbox"/> CE EMS <input type="checkbox"/> CE FIRE <input type="checkbox"/> CE LAW <input type="checkbox"/> OTHER _____							
<b>Payment by:</b>							
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> AMX <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> VISA							
<input type="checkbox"/> Money Order # _____            Issued By: _____							
<input type="checkbox"/> Bill (Company): _____            Attention: _____							
Payment Rec'd by _____            Date _____            Receipt # _____							

Services are available for students with documented disabilities and/or medical conditions.  
 Contact the Coordinator of Disability Services in Student Success at (336) 506-4130 prior to the start of class.