

Cabarrus College of Health Sciences

401 Medical Park Drive Concord, NC 28025 704-403-3207

CONTINUING EDUCATION REGISTRATION FORM

Print in ink or type all information below:

For which course are you applying? [Only one course per form] _____

Course Number _____ Section # _____

Date course begins: _____ Date course ends: _____

PERSONAL:

Social Security #: _____ **OR** EE # (CMC-NE employees): _____

Name _____ Date of Birth _____
(Last) (First) (Middle/Maiden Name) (Month/Day/Year)

Home Phone _____ Hospital Extension or Work Number _____

Cell Phone _____ Email Address _____

Name you prefer to be called _____ County of Residence _____

Mailing Address _____
(Number and Street) (City) (State) (Zip)

Gender

- Female
 Male

Ethnic Group/Race

- American Indian
 Asian
 Black
 Other: Please specify _____

- Hispanic
 Non-Resident Alien
 White

1. Are you a U.S. Citizen? **(If no, you must present a valid I-551 or Permanent Resident Card)** _____
2. Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there such criminal charges pending against you at this time? **Conviction of certain misdemeanors and/or felonies may make you ineligible for enrollment in the program/course for which you are registering.** Yes No
If you answered **Yes** to this question, **please attach an explanation.**
3. Are you an employee of CMC-NE or one of its affiliates **OR** a CCHS student? Yes No

NOTE: To assure your enrollment in this class, registration fee or charge number must accompany this form.

HOSPITAL PAY

This information must be completed if CMC-NE is to be billed for the tuition.

Course title _____

Course number _____

Date course begins _____ Date course ends _____

Tuition \$ _____

Books \$ _____

CMC-NE Charge Number _____

Manager Signature _____

Hospital pay registration forms may be faxed to 704-403-2077.

REFUND POLICY

1. **Registration fee is refunded if the class is cancelled due to insufficient enrollment.**
2. **Registration fee is not refunded if the registrant fails to attend class. (Course substitutions prior to the first class meeting will be considered. Please call 704-403-3207).**