

Please print. Complete and return this form with payment. No further notice will be provided.

Date of Birth (required for enrollment) MM/DD/YYYY:							
Last Name:			First Name:			Middle Initial:	
Street Address:						Apt:	
City:		State:		Zip:		County:	
Home Phone:				Alternate Phone:			
Email Address:							New Address (X):

Have you ever served in the Military (circle one)? No – Yes (see below)
Are you a dependent of a Veteran (circle one)? No – Yes (see below)

NOTE: If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.

Veteran Benefits:

- 30 Montgomery
 35 Dependent
 Chapter 33 Post-9/11 GI Bill
 Veteran not using benefits
 1606 Reserve
 Chapter 1607
 Chapter 31

Payment Must Be Enclosed – Print Phone Number on Check or Money Order (Checks Payable to CCAC)

Mail To: CCAC Public Safety Institute Registration
 1000 McKee Road
 Suite 1100
 Oakdale, PA 15071

- Place of Permanent Address (check one)
- Allegheny County (1)
 - Out-of-State (5)
 - Out-of County

Because CCAC cares about your privacy, we cannot process credit card information by mail. Please visit ccac.edu, any CCAC facility, or call 412.369.3701 to register if you prefer to pay by credit card.

Refund Policy

Students not attending the program (course) must notify the CCAC Public Safety Institute in writing BEFORE the first class session in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

Course Number	Semester	Course Title	Course Location	Cost
				\$
				\$
				\$

Student Signature (Required for enrollment) _____ **Date** _____

If sponsored, Authorizing Agency _____

& Signature _____ **Date** _____

LEVEL OF CERTIFICATION/TRAINING

- FRP EMT-P FIRE DISPATCHER
 EMT NURSE POLICE OTHER



If you require special arrangements, please contact the office prior to class:
 Main Office – 412.237.2500 •
 Sharon Office – 724.983.7240 •
 Email – psi@ccac.edu

Cert #:		Expiration:	
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