CCB DISTANCE LEARNING REGISTRATION FORM

Please complete all information requested and return with payment.

Participant information (PLEASE PRINT)

Last Name	First						Middle Initial		
Home Address			City			State		Zip	
Preferred Phone Number			E-mail Address						
Employer									
Are you currently CCB certified? Yes No				CCB Certi	fication #: _				
Circle all current CCB certifications held		CAC	CAC-E	CAC-P	CCDP	CCDP-D	CCS		
Session Information	CIT	СРР	MATS	NCCS	SCCD	SCPG	SCSA		
Distance Learning Distance Learning Title Course #						Course Fee		Coupon Code	
Total Amount Due									
Payment Method Enclosed is my check in the amo I have paid online by credit card						Date			
Employer is paying (Employer in CCB will email you an invoice responsible for the registration	voices ar to forwa	e not eli rd to yo	gible for so ur employe	cholarship/ er for proce	payment p ssing. If yo	lan options)			
SELECT ONE: I would like to reque I understand that if I request registration will not be confiri <u>Please Note: Scholarshi</u>	a schola med unti	rship, I v I the sch	vill be plac olarship is	ed on the v awarded c	vaiting list and/or rem	for the cours aining regist	se(s) reque tration fee		
Signature D						Date			
Please return this course	registi	ration	form v	with pa	yment	:			
By Mail: Connecticut Certification Board, Inc. 100 South Turnpike Road, Suite C Wallingford, CT 06492						By Fax: 203-284-9500			