HOWARD COMMUNITY COLLEGE
You Can Get There From Here.

HOWARD COMMUNITY COLLEGE
Registration

Social Security Number | **OR** | **HCC Identification Number** _____

Name – Last | **First**

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

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

County | **Date of Birth** | **Gender**

Ethnic Origin: Please check box

☐Asian ☐Native American ☐White
☐African American ☐Hispanic ☐Other

☐ **I am over 16 years of age.**

Home Phone *area code*

Business Phone *area code*

Synonym	Course #	Section#	Title	FALL 2008 9 a.m. - 1:30 p.m.	Tuition
4004	XH	570	7417	Tuberculin Skin Test Training (9/19/08) Garrett County Health Dept.	$60
4005	XH	570	7418	Tuberculin Skin Test Training (9/23/08) Anne Arundel County Health Dept.	$60
4061	XH	570	7419	Tuberculin Skin Test Training (9/25/08) Calvert County Health Dept.	$60
4062	XH	570	7422	Tuberculin Skin Test Training (10/06/08) Allegany County Health Dept.	$60
4063	XH	570	7420	Tuberculin Skin Test Training (10/15/08) HCC, Gateway Business Training Ctr.	$60
4064	XH	570	7421	Tuberculin Skin Test Training (11/25/08) Baltimore County Health Dept.	$60

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 application. 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.

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.

Fax-in: Fax your registration form and credit card information to:

410-772-4333 Attn: Catalina Ruiz

Signature_____ **Date:** _____

Credit Card (*circle one)* FOR FAX-IN
VISA OR MasterCard Card No.: _____ **Exp. Date**: _____

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