

**Public Safety Continuing Education Registration Form**  
Post Office Box 309, Jamestown, NC 27282  
336-334-4822

**IMPORTANT:** Please print clearly, respond to all questions completely, and sign & date registration form.  
Incomplete or unsigned registration forms cannot be processed.

**Course:** \_\_\_\_\_  
Course Code Course Title

\_\_\_\_\_

Course Location Course Date: Begin/End Fee

**Student ID # or Last 4 of SS#:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street, P. O. Box, Route City State ZIP

**County of Residence:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Month Day Year

**E-mail Address:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_  
Circle One Include Area Code

**Sex:**  1. Female  2. Male  3. Other

**Ethnicity:**  1. Hispanic/Latino  2. Non-Hispanic/Latino

**Race:**  1. American/Alaska Native  2. Asian  3. Black or African American  
 4. Hawaiian or Pacific Islander  5. White  6. Other

**Highest Education Level:**

12 High School Diploma  14 Vocational Diploma  16 Bachelor Degree  
 13 Adult High School Diploma  15 Associate Degree  17 Master Degree or Higher

**Employment:**  Full-Time  Part-Time  Retired  Volunteer  
 Unemployed /Seeking Employment  Unemployed /Not Seeking Employment

**Please Check One:**

I certify that I am at least 18 years old and not enrolled in public school  
 I am under 18 and have provided a Minor Release Form to the Continuing Education Registration Office

**Payment:** *To receive a **fee waiver**, the student must meet the following criteria: Current affiliation with a North Carolina Fire Department, Department of Corrections, Telecommunications, or an EMS, Rescue, Emergency Management, Law Enforcement agency, BLET, Military, or public or private elementary or secondary school.*

**Agency or School Name:** \_\_\_\_\_  
Please do not abbreviate.

**Eligible Job Classifications (you must check at least one):**

Firefighter  Telecommunicator  Law Enforcement (sworn officer)  
 EMR  Rescue Personnel  Detention/Correction Officer  
 EMT  Emergency Management  BLET  
 AEMT  Military  Elementary/Secondary School Employee (for CPR & First Aid Only)  
 Paramedic

*By completing and signing this form, the student certifies that all the information is correct. Students who do not meet the criteria for a fee waiver must pay the appropriate registration fee.*

*Fee-Waived Students: My signature attests that I am affiliated with the public safety agency listed and that I hold the job classification indicated.*

**Incomplete forms will not be processed, which will result in the student not receiving credit for the course.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Official Use Only**

**Colleague ID Number:** \_\_\_\_\_ **Term:** \_\_\_\_\_

Exempt  Non-Exempt Fee Paid: \$ \_\_\_\_\_