CCBC Continuing Education (Non-Credit) Registration Form

PLEASE PRINT ALL INFORMATION.

☐ New student {☐ Returning student ☐ Check if student information has changed*}

Last First M.I.

Home address (no Post Office Box) Email address

City State Zip

Home phone (Include Area Code) Work phone (Include area code)

Student ID number (not SSN #) Birthdate (MM/DD/YYYY)

County of Residence:_____

I am a U.S. Citizen ☐ Yes ☐ No

I have been a MD resident for at least 3 months ☐ Yes ☐ No

Military Status: *(if applicable)*

- ☐ Veteran
- ☐ Active Duty
- ☐ National Guard
- ☐ Reservist
- ☐ Military Dependent (child or spouse)
- ☐ Survivor of a Service Member

CCBC Employee? ☐ Yes ☐ No

Gender ☐ Female ☐ Male ☐ Neither Female nor Male

Age Verification

- ☐ I am 60 yrs. or older
- ☐ I am under 16

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race? (Select one or more of the following categories.)

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander

CRN#	COURSE#	COURSE TITLE	BEGIN DATE	TIME	LOCATION
39012	PSY128A	Clinical Ethics in Mental Health: Old Dilemmas and New Challenges	5/18/25	2-5pm	OM 508 & 509

Signature *(I certify all information is correct)* Date

Guardian *(if under 16, signature of Legal Guardian is required)* Date

[rev. 08/24]