

# 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 Certification #: \_\_\_\_\_

Circle all current CCB certifications held: APP CAC CAC-E CAC-P CCDP CCDP-D CCS  
CIT CPP MATS NCCS SCCD SCPG SCSA

## Session Information

Distance Learning Course #	Distance Learning Title	Course Fee	Coupon Code
103-2042	An Introduction to Alcohol Pharmacotherapy		
Total Amount Due			

## Payment Method

\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_ made out to CCB

\_\_\_\_ I have paid online by credit card in the amount of \$ \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Employer is paying (*Employer invoices are not eligible for scholarship/payment plan options*)  
*CCB will email you an invoice to forward to your employer for processing. If your employer does not pay, you will be responsible for the registration costs associated with the training event(s).*

SELECT ONE: I would like to request a: \_\_\_\_\_ Scholarship \_\_\_\_\_ Payment plan (*not available for credit cards*)  
*I understand that if I request a scholarship, I will be placed on the waiting list for the course(s) requested and my registration will not be confirmed until the scholarship is awarded and/or remaining registration fees are paid.*  
**Please Note: Scholarships are only available for courses with fees of \$50 or more.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this course registration form **with payment:**

**By Mail:** Connecticut Certification Board, Inc.  
100 South Turnpike Road, Suite C  
Wallingford, CT 06492

**By Fax: 203-284-9500**