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
103-2001	An Introduction to Treatment Medications		
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