



2024 Start Dates *Please circle your desired start date.*

August 5

October 7

Class will be held on Mondays and Thursdays from 6:00 PM to 9:00 PM for 3 weeks. Registration closes 1 week prior to the start date.

REGISTRATION *All fields are **required** unless otherwise indicated; please fill out this registration form completely.*

Date of Registration _____

First Name _____ Middle _____ Last Name _____

Address, City, State, Zip _____

Daytime Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ *Your confirmation and other correspondence will be sent to this email address.*

Date of Birth _____ Social Security Number _____

Would you like to receive class notifications via text message to the cell phone number provided above? Yes No

This program receives funding from the U.S. Department of Labor allowing Veterans and eligible spouses to receive priority of service over a non-covered person. (20 CFR 1010) If claiming Veteran's Preference, you must provide a DD 214, Military ID Card, VA documents, or official college documentation that demonstrated eligibility using one of the aforementioned documents to verify eligibility. Are you claiming Veteran's Preference? Yes No

Do you intend to enroll in any of the following BSC non-credit classes?
• Certified Nursing Assistant • Certified Medication Assistant • Certified Medical Assistant Yes No

Do you intend to enroll as a BSC student in any of the following BSC programs to receive college credit?
• Nursing • Medical Laboratory Technician • Sonography
• EMT/Paramedic Technician • Surgical Technician Yes No

Have you applied for WIOA funding through Job Service North Dakota and been denied? Yes No

Please check all that apply: *Make check payable to BSC*

- Face-to-Face Training, \$219 *includes class materials*
 - Sponsored Student (Third party authorization letter is required as well as the name and address of the sponsoring business)
- Sponsoring Business/Agency _____

Student Requirement Acknowledgement:

I acknowledge that this training requires a 3 week commitment and that I must not miss more than three and one half (3 1/2) hours of class time. If I miss more than three and one half hours of class time, I acknowledge that I will be dropped from the class regardless of the reason. I understand that I must have basic knowledge of the English language. I understand that in order to successfully complete the training I must receive an 80% or better on weekly quizzes, have an 80% attendance rate, and have 100% participation while in class. If I must cancel my registration, I understand that I must do so at least three (3) working days before the start of class to receive a refund and that a \$25 processing fee will be deducted from the amount refunded to me.

_____ My initials indicate that I have read and understand the above requirement.

Please return this completed form to BSC Continuing Education & TrainND either:

- In-Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, 1st Floor, Room 107
- By Email: bsc.training@bismarckstate.edu

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OFFICE USE ONLY

Action _____ Date _____ Pymt Method _____ Pymt Amount _____ Remaining Bal _____ Tran ID _____

3rd Party Company _____ Invoice# _____ Date _____ Invoice Amount _____

Pymt Method _____ Date _____ Pymt Amount _____ SF Receipt # _____