



Tennessee Tech University || Extended Programs and Regional Development
 PO Box 5073, Cookeville, TN 38505 || Phone: 931-372-3394 || Fax: 931-372-3499
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APPLICATION AND REGISTRATION FORM FOR WORKFORCE DEVELOPMENT PROGRAM

Fall 2011

APPLICATION FEES AND COURSE FEES WILL BE PAID BY TENNESSEE TECH UNIVERSITY WITHIN THE

LIMITS OF FUNDS AVAILABLE.

<p><u>Spanish for Healthcare Providers:</u> The course will meet five times in Cookeville and McMinnville. It will be offered for one credit hour at the undergraduate or graduate level. Students will receive a grade for the course. Registration deadline is September 8, 2011.</p>	<p><u>Select one of the following locations:</u></p> <p><input type="checkbox"/> Cookeville <input type="checkbox"/> McMinnville</p>	<p><u>Office Use Only:</u></p> <p>Sect. #: _____ Course #: _____ Call #: _____ T#: _____ \$ _____</p>
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Name: _____
 (Please Print) Last First M.I. (Maiden or prior name)

SSN: XXX-XX-_____ (Only Need Last 4 digits) Sex: Male Female Date of Birth: _____

Previous TTU student: Yes No If yes, ID Number/T-Number: _____

Permanent Address: _____
 Street or Box number City State Zip Years at this residence

Mailing Address: _____
 Street or Box number City State Zip Years at this residence

Cell phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

Workplace: _____ Dept: _____ Supervisor: _____

Shift: _____ Position: _____

E-mail Addresses: (work) _____ (home) _____
Please remove pop-up blockers from your e-mail accounts if they would prevent delivery of TTU e-mails.

Highest Degree earned: H.S. Diploma/GED Certificate/Vocational Associates Bachelors Masters or higher

Do you consider yourself to be of Hispanic/Latino/Spanish origin? Yes No

In addition, select one or more of the following racial categories to describe yourself

White Black or African American Asian American Indian Alaskan Native Native Hawaiian or Other Pacific Islander

Citizenship: US Citizen Permanent Resident Foreign Citizen (Country of Citizenship _____)

Are you exempt from military service? Yes No

Note: All male U.S. citizens and non-U.S. citizens who take up residency in the USA before their 26th birthday must register with Selective Service prior to registering for classes at TTU. This requirement does not apply to veterans and other exempt persons (including females) under federal law.

Have you registered for the United States Selective Service? {Please note: If you are exempt, or under 18 years of age, choose "No".} Yes No

I understand that by submitting this application and registration form, and completing the requirements for admission (including official transcripts), I am enrolling in a topics course and will receive a grade for the course. {Scholarship funds are available for only one course per student.} **I understand that failure to participate in the course does NOT constitute withdrawal from the course.**

*Signature: _____ Date: _____

HEPATITIS B (HBV) IMMUNIZATION [TO BE COMPLETED BY ALL NEW STUDENTS]

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that I have read this information and I have received the initial dose of the Hepatitis B vaccine.

Date of initial dose of the Hepatitis B vaccine: ____/____/____

_____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected NOT to receive the Hepatitis B vaccine.

*Signature: _____ Date: _____

Return the completed form by email (mbennett@tnTech.edu), fax (931-372-3499), or mail (P.O. Box 5073, Cookeville, TN 38505).