CENTER FOR RISK MANAGEMENT

College of the Mainland, Continuing Education Registration

College of the Mainland, Continuing Education Registration						Gulf Coast Safety Institute 320 Delany Roac		
Name (Last Fire			t	Middle I	nitial)		a Marque T ie: #: 409-9	
						F	ax #: 409-9	33-802
	CHECK ONE:	Mailing Address			City	E-Mail:riskmar	•	com.eo State
1. Do you consider yourself to be Hispanic/Latino?								olaic
	Yes No	Zip	Student ID # or SS#	Date of Bir	th Sex:	Home	Phone	
	addition, please select one or of the following racial							
	pories to describe yourself:							
American Indian or Bus		Business/Cell Ph	none E-Mail Addr	ess				
Asian								
		This is to certify tha			nt of the College of			To be
	Native Hawaiian or Pacific Islander		College of the Mainland District, e, (including Algoa, Arcadia, Alt					
	Nhite	Signature			Date			
	Course #		Course Name		Instructor	Date	Cost	CEQ
	SAFE-5019-OSHT-1071-103CL		Workplace Violence Prevention		P.Harrell	2/10/17	No-Cost	217
	SAFE-5020-OSHT-1071-104CL		How to Develop and Maintain an Effective Lockout/Tagout Program		B.Smith	2/24/17	No-Cost	217
Re	evised 11.2014				Print Form		Reset Fo	rm