## **CENTER FOR RISK MANAGEMENT**

## College of the Mainland, Continuing Education Registration

College of the N	Mainland <sub>®</sub>	Continuing Education	n Registra	ation		ast Safety 320 Dela	ny Roa
Name (Last	First		Middle	Initial)		Marque T e: #: 409-9	
					Fax #: 409-933-80 E-Mail:riskmanagement@com.e		
CHECK ONE:	Mailing Address			 City		-	State
1. Do you consider yourself to be Hispanic/Latino?							
Yes No 2. In addition, please select one or	Zip	Student ID # or SS#	Date of Bir	th Sex:	Home	Phone	
more of the following racial							
categories to describe yourself:	Business/Cell Ph	none E-Mail Addr					
Alaskan Native							
Asian			- 1		41 <b>N</b> A	District	T
	This is to certify that a legal resident of C	t IAM AM NOT College of the Mainland District,		nt of the College of de in one of the foll			IO DE
		e, (including Algoa, Arcadia, Alt					
White							
	Signature			Date	<b>.</b>		05.0
Course #		Course Name		Instructor	Date	Cost	CEQ
SAFE-5021-OSHT-1071-105CL		Real Leaders- How to Lead a		M. Hernandez	3/10/17	No-Cost	317
SAFE-5022-OSHT-1071-106CL		Workplace Hazard Recognition		S. Jackson	3/24/17	No-Cost	317
<del></del>							
Revised 11.2014				Print Form		Reset Fo	rm