



Continuing Education Registration

320 Delany Road La Marque TX 77568 Phone: #: 409-933-8162

Fax #: 409-933-8027

Name (Last First Middle Initial) E-mail: riskmanagement@com.edu

CHECK ONE: 1. Do you consider yourself to be Hispanic/Latino?			Mailing Address		City			State	
	Yes	No	Zip	Student ID # or SS #	Date of Bi	rth Sex	Home Ph	one	
2. In addition, please select one or more of the following racial categories to describe yourself: American Indian or Alaskan Native Asian			Business/Cell Phone		E-Mail Address			Hone	
Black or African American			This is to certify that I AM AM NOT a legal resident of the College of the Mainland District. To						
Native Hawaiian or Pacific Islander			be a legal re Hitchcock, Sa	sident of College of the Mainland E anta Fe, (including Algoa, Arcadia,	District, you n Alta Loma),	nust reside in one of Texas City, La Marc	the following solute and Dickins	chool distri on.	icts:
	White		0: .			Data			
	Course #		Signature	Course Name		Date	Date	Cost	CEQ
	Course #			Course Name		Instructor	Date	Cost	CEQ
	SAFE-2743	-OSHT-107	1-103CL	Root Cause and Job Safety Analysis		L. McGaha	02/08/19	No-Cost	219
	SAFE-2744	\ o=u	04#O	The Emergent Safety Leader		D. Baker	02/22/19	No-Cost	219