

## **HVAC Continuing Education – Jewell Cook**

### OSHA/MNSDS Guidelines

This course meets the Kentucky license requirement for continuing education for HVAC. A series of lectures, discussions and presentations pertaining to HVAC safety and OSHA rules and regulations will be covered.

**Date: Saturday, November 7**

**Fee: \$100.00                      Time: 8:00am – 5:00pm**

**Location: Laurel North Campus (100 University Dr, London)**

***Pre-Registration & Pre-Payment are now required. If you are not pre-registered, we cannot have a certificate ready for you at the class.***

Please fill out the Registration Form on page 2 and return to with payment. This form can be filled out on the computer, save to your hard drive (remember where you saved it), then email it to [libby.mattingly@kctcs.edu](mailto:libby.mattingly@kctcs.edu); OR you may fax to **606-677-4050** and call in the credit card information to **606-451-6797**; OR you may mail to Somerset Community College, Workforce Solutions – Libby Mattingly, 808 Monticello St., Somerset, KY 42501. If you are paying by check, please make the check payable to **Somerset Community College**. *Please allow enough time for payment to be received at least five business days before the class meets.*

**REFUND POLICY:** Full refunds are given for all courses cancelled by Workforce Solutions. Full refunds will be given if you cancel your registration at least three days prior to the course starting date. After that, no refunds will be granted – no exceptions. Refunds normally take 3-4 weeks to process.

If you have any questions, please call Libby Mattingly at 606-451-6692 or Valerie Hogan at 606-451-6797.

Please click on this link to see other short-term and continuing education classes we offer.

[http://somerset.kctcs.edu/CCONNECTIONS\\_currentclasses.html](http://somerset.kctcs.edu/CCONNECTIONS_currentclasses.html)

# Workforce Training Application

Emp I.D. \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Preferred Name

ADDRESS \_\_\_\_\_  
City County State Zip Code

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_ Gender:  Male  Female  
Month Day Year

List any phone number where we may contact you: \_\_\_\_\_  Cell  Home  Business

E-MAIL ADDRESS \_\_\_\_\_

CITIZENSHIP STATUS USA Citizen  Yes  No

If not a US citizen are you a permanent resident alien of the US?  Yes  No Resident Alien Number \_\_\_\_\_

\*Primary Race/Ethnicity  American Indian /Alaskan Native  Asian  Black/African-American  
 Hispanic/Latino  Native Hawaiian/Other Pacific Islander  White

\*Optional information requested for reporting purposes and will not be used in an admission decision.

Please list all the names that you have used on previous educational records. \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_  
(If you earned a GED enter GED for High School) High School Name City State/County

HIGH SCHOOL GRADUATION DATE \_\_\_\_\_ OR GED COMPLETION DATE \_\_\_\_\_

RESIDENCY STATUS  Kentucky  Non-Kentucky

I understand this course is offered for .5 credit hour(s) of institutional credit at any KCTCS institution. This is a Workforce Development course that is not designed as part of a degree program and may not be accepted for credit at other institutions outside the KCTCS system. Students who wish to apply this credit toward a degree program should consult with their advisor. \_\_\_\_\_ (initials)

COMPANY NAME: \_\_\_\_\_ HVAC LICENSE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## FOR COLLEGE USE ONLY:

Home College Code: **SMC** Academic Plan:  Workforce Non-Degree 9002000000

Topic Number: 207 Course Title: HVAC CE: OSHA/MNSDS Guidelines

Peoplesoft Class Number: 51243 Fee: \$100 Start/End Dates: 11/7/2009

Starting Term:  Summer  Fall  Spring 2009 Year

DATE PAID: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ BALANCE REMAINING: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ METHOD OF PAYMENT:  CASH  CHECK  CREDIT CARD  OTHER



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