STUDENT REGISTRATION FORM
Medical Certification Fast Track Programs

FALL 2013

These classrooms are located within the Pines Opportunity Center at 109 War Memorial Drive, Berkeley Springs, WV 25411.

You are selecting to register for one of the programs to be held at the Pines Opportunity Center! Please check it.

**Full payment is due by 8/30/13.** No refunds after the classes begin.

[The cost for the program includes all books, materials and instruction.]

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>COURSE No.</th>
<th>Dates of Program</th>
<th>SCHEDULE</th>
<th>ROOM</th>
<th>Credits</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phlebotomy Technician</td>
<td>CRN #30099</td>
<td>9/3/13-12/10/13</td>
<td>T/R 5:30pm – 9:00pm</td>
<td>C04</td>
<td>7</td>
<td>$1,599</td>
</tr>
<tr>
<td>Medical Billing &amp; Coding</td>
<td>CRN #30467</td>
<td>9/3/13-11/21/13</td>
<td>T/R 5:30pm – 9:00pm*</td>
<td>C08</td>
<td>5</td>
<td>$1,299</td>
</tr>
</tbody>
</table>

*Schedule changes after the first week. Please see complete schedule for Medical Billing & Coding.

Student Information: Please type or print neatly.

Last Name ________________________________ First Name ________________________________ Middle Initial_____

Please list all previous names under which you were enrolled: ________________________________________________________________

Social Security Number ________________________________ Student ID # C00 ________________________________

Mailing Address Street: ________________________________________________________________

City: __________________ State: ________________ Zip Code: __________________ WV County: _______________________

Are you a West Virginia resident: ☐ No ☐ Yes ☐ If yes, how long? ________________________________

Daytime Phone: (_______) __________________ E-Mail Address: _________________________________________

Ethnic Group: ☐ American Indian or Alaskan ☐ Black ☐ White ☐ Hispanic ☐ Asian or Pacific Islander

(This question is optional. The college asks for this information to allow it to submit statistical data to the federal and state government on a regular basis. Your eligibility will not be impaired if you choose not to answer this question.)

Birthdate: __________________ Gender: ☐ Male ☐ Female

Are you a U.S. citizen? ☐ Yes ☐ No ☐ If not, what is your Visa status? ________________________________

High School Grad/GED Date_________ School Name________________________________________ City and State _____________

Payment – Please check method of payment or request for Financial Aid. (Please note requirements for Financial Aid)

☐ I will make payment at the Cashier’s Office at the Main Campus: 13650 Apple Harvest Drive, Martinsburg, WV 25403 by cash, check, credit card, or money order payable to Blue Ridge CTC no later than August 30, 2013.

☐ I will pay on-line by credit card by August 30, 2013. www.BlueRidgeCTC.edu->Current Students->Online Payment->WVSTO Epay (You will need to enter your Student ID # and enter the name of your program in the MEMO.)

☐ I require financial aid. I understand federal funding will not be granted for this program but I may qualify for the state of WV Higher Education Adult Part-time Student Grant for its residents of one year or longer.

I understand I must complete the 2013 - 2014 FAFSA, entering results to be sent to BRCTC, and satisfy all verification requirements before I will be eligible for HEAPS consideration and this should be completed no later than August 16, 2013. (Failure to meet this deadline may negate my participation in the grant application process.) See Sue Reneker for details.

☐ Other – Please explain:

Student Signature____________________________________ Date________________________