



CONTINUING EDUCATION UNIT REGISTRATION
(PLEASE PRINT LEGIBLY)

Last Name: _____ First Name: _____ MI: _____
SSN: ____/____/____ DOB: ____/____/____
Address: _____ City: _____ ST: _____
Phone Number: _____ Gender: ____M ____F

Ethnicity (Check One):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Non-Hispanic |
| <input type="checkbox"/> Canadian First Nations | |

Have you attended FPCC Workshops? ____Yes ____No

Did you attend using another name? ____Yes ____No

If Yes, List Name: _____

Enrolled Member of any Tribe? ____Yes ____No

Name of Tribe: _____

Location of Tribe: City: _____ ST: _____

If "no" are you a descendent of an enrolled member (a parent or grandparent)?

Name of parent/grandparent _____

Name of Tribe: _____

Location of Tribe: City: _____ ST: _____

I hereby grant permission to release tribal certification to:

FPCC P.O. Box 398 Poplar, MT 59255

Student Signature: _____ Date: _____

To be filled out by CEU Coordinator:

Course: _____ #CEUs: _____