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CONTINUING EDUCATION UNIT REGISTRATION
(PLEASE PRINT LEGIBLY)

WORKSHOP NAME: _____
HOST: _____ LOCATION: _____
DATE(s) of WORKSHOP: _____

←—————→

Last Name: _____ First Name: _____ MI: _____
SSN: _____ / _____ / _____ DOB: _____ / _____ / _____ Gender: _____ M _____ F
Mailing Address: _____
City: _____ ST: _____ ZIP Code: _____
Phone Number: _____ Email: _____

Ethnicity (Check One):
 American Indian/Alaskan Native Hispanic/Latino Canadian First Nations
 Asian Native Hawaiian/Pacific Islander
 Black/African American White/Non-Hispanic

Have you attended FPCC Workshops? _____ Yes _____ No

Did you attend using another name? _____ Yes _____ No If Yes, List Name: _____

Are you an Enrolled Member of any Tribe? _____ Yes _____ No

Name of Tribe: _____ Tribal ID #: _____

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: _____ Tribal ID #: _____

Location of Tribe: City: _____ ST: _____

By signing this form, I am stating all the information provided is correct to the best of my knowledge and if I am a Tribal member I hereby grant permission to release my tribal certification to:

FPCC P.O. Box 398 Poplar, MT 59255

➔ Student Signature: _____ Date: _____