

ONLINE Occupational Healthcare Careers Continuing Education Registration Form

Use this form to register for ONLINE Occupational Healthcare Careers continuing education, noncredit classes only.
Your required signature below states that you have read the FAQ's for Online Medical Coding Certificate Programs:
<http://www.durhamtech.edu/html/corporate/medicalcoding/faq.htm>.

Mail-In or Fax Registration Form

Fax – 919-686-3519

Attention: Durham Technical Community College, NDC

Medical Office Training Registration, 2401 Snow Hill Road, Durham, NC 27712

Faxed forms MUST include payment by credit card.

Student Signature Required _____ Date _____

Registration will NOT be processed without signature above.

Payment MUST be attached to this form in order to complete the registration process.

Type of payment enclosed: Personal Check Credit Card (Visa, MasterCard or Discover only)

Check from Employer Credit Card # _____

(Name of Employer) Expiration Date _____

**NO RECEIPTS OR CONFIRMATIONS ARE ISSUED
FOR MAILED OR FAXED REGISTRATIONS.**

Student ID (if known) _____ Date of Birth _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____ County of Residence _____

Home Phone (____) _____ Work Phone (____) _____

Email Address (REQUIRED) _____

Race: White Black American Indian Hispanic Asian Other

Sex: Male Female

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 = Adult High School
14 = 1-Year Vocational 15 = 2-Year Degree 16 = 4-Year Degree 17 = Master's

Employment: Full-Time Part-Time Unemployed Retired

Employer _____

Occupation _____

Course # _____ /Course Title _____ Fees _____

Begin Date: _____ Location _____ Internet _____ Days _____ Internet _____ Times _____ Internet _____

Course # _____ /Course Title _____ Fees _____

Begin Date: _____ Location _____ Internet _____ Days _____ Internet _____ Times _____ Internet _____