

Parent Institute Day

Friday, March 26, 2010 - 8:00 a.m. to 2:30 p.m.

Prairie State College Continuing Professional Development Units (CPDU) for Teachers Continuing Education Unit (CEU) for Social Workers **Registration**

Prairie State College is an approved provider of Continuing Professional Development Units (CPDU) for Teachers by the Illinois State Board of Education and Continuing Education Units (CEU) for Social Workers by the Illinois Department of Financial and Professional Regulation. Participation in the entire parent institute day offers 5 CPDU / CEU for professionals.

Please Print

SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST _____ M.I. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

AREA CODE _____ HOME PHONE NUMBER _____ WORK NUMBER _____ CELL NUMBER _____

GENDER: MALE FEMALE DATE OF BIRTH: _____ MONTH/DAY/YEAR _____

Course Code	Course Title	Date	CEU Fee
PICEU-025-P1	Parent Institute Day	03/26/10	\$10

I accept responsibility for the selection of course as indicated above. I authorize PSC Business Office to collect any and all fees associated with my account. Fees must be paid in full at time of registration. No refund will be issued unless it is 48 hours before the event. If you register for a non-credit class but are unable to attend, you must come to the Matteson Area Center or the PSC Enrollment Services Office to fill out a drop form.

Signature _____ Date _____

To pay by credit card, complete the following: Visa MasterCard Discover

credit card number <input style="width: 100%; height: 20px;" type="text"/>	expiration date <input style="width: 100%; height: 20px;" type="text"/>	security code <input style="width: 100%; height: 20px;" type="text"/>
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Card Holder: _____

Fax completed form to (708) 709-7832 by Wed., March 24.

To pay by check, please make check payable to: Prairie State College, 202 S. Halsted, Chicago Heights, IL 60411
 Attn: Julie DeLong. Include your driver's license number on your check.

I am requesting:

- 5 Social Worker CEU's from IDFP. License number: _____
- 5 Teacher CPDU for ISBE Standard #9 Collaborative Relationships



202 S. Halsted Street - Chicago Heights, IL 60411

TERM
 Spring 2010

ENROLLMENT STATUS
 First-Time Student
 Continuing PSC Student

ETHNIC BACKGROUND
 Are you Hispanic or Latino?
 Yes, Hispanic or Latino
 Not Hispanic or Latino

Please identify your primary racial/ethnic group. (Please check one)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Hispanic or Latino
- 5 Native Hawaiian/Pacific Islander
- 6 White
- 7 Choose not to respond

Are you from one or more of the following racial groups?
 (Select all that apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Islander
 White
 Choose not to respond

Are you in the United States on a Visa-Nonresident Alien?
 Yes on a Visa - Type _____

Provide Country of Origin _____
 Not on a Visa

COMMUNITY COLLEGE CERTIFICATE OR DEGREE OBJECTIVE:
 1 Only complete one or several courses
 2 To complete a certificate
 3 To complete an Associate's degree

Please provide us with the following required information, which is used for state reporting.

HIGHEST DEGREE EARNED (please check one):
 None
 GED
 High School Diploma
 Some College
 Certificate Degree
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Other _____