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**FCA REGISTRATION FORM – IRCP8001, IRCP8002, IRCP8003**

**WORKFORCE AND COMMUNITY SERVICES**

Please indicate on your registration form in which section you would like to enroll. Each section consists of all 3 classes. You may not mix classes in different sections.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section #1** | **Course Number** | **Days** | **Times** | **Class Dates** |
| IRCP8001 | Mon & Wed | 7:30AM - 11:30AM | Jan. 14, 16, 23, 28, 30, Feb. 4, 6, 11 |
| IRCP8002 | Feb. 18, 20, 25, 27, Mar. 4, 6, 11, 13 |
| IRCP8003 | Mar. 18, 20, 25, 27 Apr. 1, 3, 8, 10, 15, 17, 22, 24 |
| **Section #2** | **Course Number** | **Days** | **Times** | **Class Dates** |
| IRCP8001 | Mon & Wed | 5:00PM - 9:00PM | Jan. 14, 16, 23, 28, 30, Feb. 4, 6, 11 |
| IRCP8002 | Feb. 18, 20, 25, 27, Mar. 4, 6, 11, 13 |
| IRCP8003 | Mar. 18, 20, 25, 27 Apr. 1, 3, 8, 10, 15, 17, 22, 24 |
| **Section #3** | **Course Number** | **Days** | **Times** | **Class Dates** |
| IRCP8001 | Tues & Thurs | 7:30AM - 11:30AM | Jan. 15, 17, 24, 29, 31, Feb. 5, 7, 12 |
| IRCP8002 | Feb. 19, 21, 26, 28 Mar. 5, 7, 12, 14 |
| IRCP8003 | Mar. 19, 21, 26, 28, Apr. 2, 4, 9, 11, 16, 18, 23, 25 |
| **Section #4** | **Course Number** | **Days** | **Times** | **Class Dates** |
| IRCP8001 | Tues & Thurs | 5:00PM - 9:00PM | Jan. 15, 17, 24, 29, 31, Feb. 5, 7, 12 |
| IRCP8002 | Feb. 19, 21, 26, 28 Mar. 5, 7, 12, 14 |
| IRCP8003 | Mar. 19, 21, 26, 28, Apr. 2, 4, 9, 11, 16, 18, 23, 25 |
| **Section #5** | **Course Number** | **Days** | **Times** | **Class Dates** |
| IRCP8001 | Tues & Thurs | 11:00AM - 3:00PM | Jan. 15, 17, 24, 29, 31, Feb. 5, 7, 12 |
| IRCP8002 | Feb. 19, 21, 26, 28 Mar. 5, 7, 12, 14 |
| IRCP8003 | Mar. 19, 21, 26, 28, Apr. 2, 4, 9, 11, 16, 18, 23, 25 |

**Program Cost:** $1,595 covers the cost of all three classes, books, and workbooks.

**Registration Options:**

Email completed form to: wcs@owens.edu. Include email subject line: **FCA IRCP REGISTRATION**. If your email does not have this subject your registration may be delayed and you may not get into your selected class.

Register in person at Owens Community College Workforce and Community Services in the Fire Science/Law Enforcement building at the Toledo campus.

All registration forms need to be returned by December 20th at 5pm. OCC campus will be closed December 21st until January 2nd.

**\*REGISTER EARLY AS SEATING IS LIMITED. DELAYED REGISTRATION COULD RESULT IN YOU NOT GETTING A SEAT IN THE COURSE.\***

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**WORKFORCE AND COMMUNITY SERVICES**

**FCA REGISTRATION FORM**

**Please print information clearly.**

**This information is kept secure by Owens Community College and may be viewed only by authorized personnel at the College. It is important for the College to keep accurate records of your training so that we can provide verification of your participation if you request it in the future.**

**Please indicate which section you are selecting:**

**SECTION #1**  **SECTION #2**  **SECTION #3**  **SECTION #4  SECTION #5**

**Your name exactly as it appears on legal documents:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last: | | |  | | | | | | | First: | |  | | | | | | | | Middle: | | | | |  | | |
| Please indicate any former names: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Gender: | |  | | | Male |  | | Female | | | Birth Date: (MM/DD/YYYY) | | | | | | |  | | | / | | |  | | / |  |
| **Home Mailing Address** | | | | | | | | | House Number & Street: | | | | | |  | | | | | | | | | | | | |
| City: |  | | | | | | | | State: | | | |  | | | Zip Code: | | |  | | | | | | | | |
| County: |  | | | | | | | | E-mail Address: | | | | |  | | | | | | | | | | | | | |
| Home Phone: | | | |  | | | | | Cell Phone: | | | |  | | | | Work Phone: | | | | | |  | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |
| The information given above is complete and accurate to the best of my knowledge. I will be responsible to pay all fees, interest, and expenses incurred. Delinquent accounts will be forwarded to the Ohio Attorney General’s Office for actions, as required by the Ohio Revised Code. Successful completion of a program of study at the College does not guarantee licensure, certification, or employment in relevant occupation. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Signature** | | | | | | | | | | | | | | | **Date** | | | | | |

***Once your completed registration form has been processed, you will receive a confirmation email at the address listed above with additional details.***

***Questions? Please call (567) 661-7357 or e-mail wcs@owens.edu.***