



**BUCKS COUNTY  
EMERGENCY HEALTH SERVICES  
BUCKS COUNTY COMMUNITY COLLEGE**



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*County Commissioners*

**JAMES F. CAWLEY, ESQ. CHAIRMAN  
CHARLES H. MARTIN  
DIANE M. ELLIS-MARSEGLIA, L.C.S.W**

**REVISED 01/08**

**PRE-ENROLLMENT COURSE APPLICATION**

**DATE** \_\_\_\_\_

NAME (PLEASE PRINT LEGIBLY) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

ARE YOU **UNDER** THE AGE OF 18? (PLEASE CIRCLE) YES NO

NAME OF COURSE YOU ARE REGISTERING FOR \_\_\_\_\_

COURSE LOCATION \_\_\_\_\_ COURSE START DATE \_\_\_\_\_

**ORGANIZATION RECOMMENDATION**

ORGANIZATION \_\_\_\_\_  
 I CERTIFY THAT (STUDENT'S NAME) \_\_\_\_\_ IS BEING ENDORSED BY  
 THE ABOVE NAMED ORGANIZATION. AS THE SUPERVISOR, I ENDORSE THE APPLICANT'S  
 ATTENDANCE IN THIS TRAINING PROGRAM. THIS ORGANIZATION WILL PROVIDE WORKERS'  
 COMPENSATION AND GENERAL LIABILITY INSURANCE FOR THE STUDENT IN THE EVENT OF AN  
 INJURY OR ILLNESS.

SUPERVISOR'S PRINTED NAME \_\_\_\_\_  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***IF YOU ARE NOT BEING SPONSORED BY AN ORGANIZATION, YOU MUST SUBMIT PROOF OF HEALTH  
INSURANCE (IE. COPY OF CARD) WITH THIS APPLICATION.***

**CLASS ACCEPTANCE**

Class size is limited, but also needs a minimum number of registered students. We must have a completed pre-enrollment form in our office, with payment and/or other course requirements, by the date specified on the course announcement. Bucks County organizations have priority first, then Bucks County residents, followed by out-of-county students.

**PAYMENT INFORMATION**

Acceptable forms of payment include personal checks, cashier's check, or money order. Cash is not accepted. Checks should be made payable to the organization listed on the course announcement. There will be an additional \$25.00 surcharge on any returned checks. Refunds will only be given if the student withdraws from the course before it begins.

**AFFIRMATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that falsified statements on this application may be grounds for dismissal or other action. I authorize investigation of all statements contained herein. I understand and agree that if accepted, my enrollment may be terminated based upon failure to meet course requirements.

For and in consideration of being admitted into this training program, I agree to indemnify and save harmless the County of Bucks, its agents and employees of and from any and all claims of any kind.

I understand that there are risks of injury and disease inherent to this training program and I assume and agree to accept those risks and I hereby release the County of Bucks and its agents and employees of and from any and all claims for injury or disease sustained by me in the course of the training program.

Federal and State laws prohibit discrimination in acceptance to a course because of race, color, religion, age, sex, sexual orientation, national origin, individual handicap or Vietnam-era veteran status. No question on this application is intended to elicit information for a discriminatory purpose.

We are an equal opportunity training institute. Qualified individuals with a disability must be able to perform the essential course functions and requirements with or without reasonable accommodation. The accommodations will be considered upon request. We will not refuse a disabled applicant who is capable of performing the essential requirements for the course with reasonable accommodation.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_