

Registration Made Easy as 1, 2, 3, 4

STEP 1: Fill Out Your Identification Data

Date _____ Social Security Number _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Home (____) _____ Work (____) _____

Email _____

Date of Birth ____/____/____ Gender _____ Nursing License # _____

The following information is required by the U.S. Office of Education and may be supplied voluntarily by you.

- White, Non-Hispanic
 Hispanic
 African American
 Asian, Pacific Islander
 Other



If you require special assistance, check the box and an associate will contact you to discuss your needs

STEP 2: Record Your Program Choices

Course #	Location	Program Title	Date(s)	Time(s)	Fees

How did you hear about the Centers for Continuing Education @ HCC?

- Web
 Direct Mail
 Referral
 Former Student
 Employer

STEP 3: Tally Your Fees and Record Your Method of Payment

Check Visa MC Purchase Order Voucher Purchase Order or Voucher # _____

Account # _____ Expiration Date _____

Name on Account _____ Signature: _____

Card Security Code _____ (Located on the back of the card, usually 3 or 4 digits)

STEP 4: Submit Your Registration



Online:
www.HCCContinuingEd.com



In Person:
HCC's Centers for Continuing Education
39 Columbia Drive, Tampa, FL 33606



By Phone:
(813) 253-7980
(866) 253-7077 Toll Free

Hours:
Monday-Friday 8:00 am to 4:30 pm,
excluding national and College holidays.

Residency Statement Check One: (NOTE: No fee difference will be assessed for non-residents)

- I certify that I have resided in Florida as a permanent resident for the past twelve consecutive months or longer or otherwise meet the residency requirements outlined in the law of the state of Florida.

Date of residency: _____

- I have not resided in Florida as a permanent resident for the past twelve consecutive months and I do not meet residency requirements.

I declare under penalty of perjury punishable by law as a misdemeanor under Section 837.06, F.S. the forgoing is true and accurate.

Signature _____

Date _____