

VALENCIA

REGISTRATION FORM

WAYS TO REGISTER

1. Call 407-582-1793
Please have course and credit card information available.
2. Register online at valenciacc.edu/cehealth
3. Fax registration form to 407-582-1580
This FAX is in a secured area.
4. Photocopy registration form, fill out, and mail in with payment to:
**Valencia CE for Health Professions
CN-Cashier
2411 Sand Lake Rd.
Orlando, FL 32809**

HOW TO PAY

- You can pay for courses over the phone, online by credit card, in person at any Valencia Business Office, or with a check via mail.
- Valencia accepts cash, money orders, checks, VISA, MasterCard, American Express, and Discover.
- Checks and money orders must be payable to Valencia Community College.
- Cash payments must be made in person at any Valencia Business Office prior to class start date.
- Cash will not be accepted if you register at the door. Please do not mail cash.

VALENCIA'S REFUND POLICY

Full refunds are given when a class is canceled by the college. Course fees will be fully refunded if the request is received at least 5 business days prior to course start date. If tuition was paid by business/organization and you are requesting a refund, a vendor profile and W-9 must be provided. Call 407-582-6600 to request these forms. Please note that fees for online courses are nonrefundable once the course has been accessed.

BUSINESSES/ORGANIZATIONS

In addition to the payment options listed above, businesses/organizations may submit purchase orders and/or formal letters of authorization that must accompany registration requests.

Faxed registrations must include a copy of the purchase order or formal letter of authorization with originals sent to the **CN-Cashier, 2411 Sand Lake Rd., Orlando, FL 32809.**

Purchase orders and/or formal letters of authorization must include:

- Company letterhead with a typed billing address —not handwritten
- Contact name, title, and phone number of person authorized to purchase for business/organization
- State the following: This letter authorizes Valencia Community College to bill [company name] for:
- What is being authorized; i.e., tuition, books, etc.
- Student(s) name(s), Social Security number(s), course number(s), and dates of class(es)

NOTE: Letters of authorization signed by students are not accepted.

Enrollment is on a first-come basis and registration at the door is based on space availability. If a course cancels, we will attempt to notify you and will place a notice at the entrance of the classroom. Tuition will be refunded according to our refund policy guidelines.

PERSONAL INFORMATION			
1. Last Name		First Name	M.I.
			<input type="checkbox"/> New <input type="checkbox"/> Returning
2. Social Security Number		3. Health License Number	
□□□□ □□ □□□□			
4. Sex <input type="checkbox"/> F <input type="checkbox"/> M		6. Civil Rights Category (Required under "Title VI" Civil Rights Act of 1964)	
5. Birthdate □□ □□ □□ Month Day Year		<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	
7. Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Unknown			
8. Preferred Address: <input type="checkbox"/> Home <input type="checkbox"/> Business		Preferred E-mail Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	
9. Current Home Address		Current Business Address	
Street _____ Apt# _____		Company _____ Title _____	
City _____ State _____ Zip _____		Street _____	
County _____		City _____ State _____ Zip _____	
Phone _____		Phone _____ Extension _____	
E-mail _____		E-mail _____	
10. How did you hear about our courses?			
<input type="checkbox"/> Course Schedule <input type="checkbox"/> Course Flyer - Mail <input type="checkbox"/> Brochure <input type="checkbox"/> Web/Internet <input type="checkbox"/> E-mail <input type="checkbox"/> Postcard <input type="checkbox"/> Newspaper/Magazine Advertisement <input type="checkbox"/> Current Student <input type="checkbox"/> Billboard <input type="checkbox"/> Referral <input type="checkbox"/> Other			
COURSE INFORMATION			
Course #		Schedule #	
Course Title			
Location		Start/End Date	Course Fee
Course #		Schedule #	
Course Title			
Location		Start/End Date	Course Fee
Course #		Schedule #	
Course Title			
Location		Start/End Date	Course Fee
STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS			
In accordance with Valencia Community College policies and procedures, as well as state and federal law (FS §228.093, §20 U.S.C.A. 1232g), I voluntarily consent to the release of all information from my educational records related to the course(s) take pursuant to this registration. The disclosure of this information may ONLY be made to my employer who has sponsored my enrollment in this course(s) and/or third party providers. This consent shall be valid for a period of one year.			
Signature _____		Date _____	
Payment Method			
<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MC Exp. Date: _____		Credit Card # □□□□ □□□□ □□□□ □□□□	
Check # _____ <input type="checkbox"/> Cash		"I declare, under penalty of perjury punishable by law as a misdemeanor 837.06 Florida Statutes, that the foregoing is true and correct." Signature: _____ Date: _____	
Make checks payable to: Valencia Community College			
FORM MAY BE DUPLICATED		Registrations should be received 7 days prior to start of classes. Form must be completely filled in and signed.	
3 rd Party Billing Information		Company Information	Phone Number:
		Name of Billing Contact	Fax Number:
		Address of Billing Contact	Federal Tax I.D. Number: