

CERTIFICATE APPLICATION

PRINT NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE

CtcLink ID (Required)

(Only name that is listed in ctclink may be used.)

I am applying for the following certificate(s) for the _____ Quarter, 20_____:

(Quarter completed)

<p>ACCOUNTING</p> <input type="checkbox"/> Accounting Office Associate <input type="checkbox"/> Assistant Bookkeeping Clerk <input type="checkbox"/> Bookkeeping Systems <input type="checkbox"/> Computerized Accounting <input type="checkbox"/> Tax Preparation	<p>BUSINESS</p> <input type="checkbox"/> Customer Service <input type="checkbox"/> Marketing <input type="checkbox"/> Management <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Global Transportation & Secure Logistics <input type="checkbox"/> Human Resource Specialist
<p>EARLY CHILDHOOD EDUCATION</p> <input type="checkbox"/> ECE- Initial <input type="checkbox"/> ECE- Short Certificate of Specialization <input type="checkbox"/> ECE- Emphasis Children with Exceptionalities	<p>HUMAN SERVICES</p> <input type="checkbox"/> Human Services Case Aide <input type="checkbox"/> Chemical Dependency
<p>HEALTH</p> <input type="checkbox"/> Medical Billing Specialist <input type="checkbox"/> Medical Scribe <input type="checkbox"/> e-HIM <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Paramedic <input type="checkbox"/> Nursing Assistant	<p>NETWORK & CYBER SECURITY</p> <input type="checkbox"/> Help Desk <input type="checkbox"/> Technical Support <input type="checkbox"/> Cyber Security <input type="checkbox"/> Database Management <input type="checkbox"/> Network Support <input type="checkbox"/> Application Support Specialist <input type="checkbox"/> e-HIM
<p>PARALEGAL</p> <input type="checkbox"/> Limited License Legal Technician (LLLT) <input type="checkbox"/> Paralegal Preferred Pro	<p>MISC / OTHER</p> <input type="checkbox"/> American Ethnic & Gender Studies <input type="checkbox"/> Other: _____
<p>HIGH SCHOOL</p> <input type="checkbox"/> HS+ <input type="checkbox"/> High School Completion	<p>INVISTA</p> <input type="checkbox"/> Supervision & Management <input type="checkbox"/> Tribal Enterprise & Gaming Management <input type="checkbox"/> Other: _____

I understand that the final responsibility for ensuring that I have met all of the certificate requirements rests with me.

_____ _____
Date **Student Signature (Required)**

I have reviewed this student's records and find him/her qualified for the above certificate(s).

_____ _____
Date **Signature of Program Chair (Required)** **Program Chair (Print name)**

Comments: _____

PLEASE NOTE: Submit completed certificate application to the Enrollment Services Office in building 7.