



REGISTRATION FORM FOR CERTIFICATE PROGRAMS

PARTICIPANT DETAILS

Name: _____ **Employee ID:** _____
Job Title: _____
Department: _____ **Division:** _____
Contact Information: *Phone/Extension -* _____ *E-Mail -* _____
How long have you been in your current job? ____ Years ____ Months
How long have you been employed by the City of Riverside? ____ Years ____ Months

I fully satisfy the “Eligible Participants” conditions relevant to my chosen certificate program(s).

Signature: _____ **Date:** _____

CERTIFICATE PROGRAM DETAILS

You may use this form to register for one certificate program in either of the listed trimesters, or for two programs, one in each trimester. Please check the appropriate box(es). If your registration is accepted, you will be automatically enrolled into all course sessions necessary for your chosen program(s) and scheduled in the relevant trimester for which you are registering.

2007-2008 Winter Trimester (11/01/07 – 02/29/08) **2008 Spring Trimester** (03/01/08 – 06/30/08)

- | | |
|--|--|
| <input type="checkbox"/> SHIELD Certificate (<input type="checkbox"/> NEO completed) | <input type="checkbox"/> SHIELD Certificate (<input type="checkbox"/> NEO completed) |
| <input type="checkbox"/> SOAR Certificate | <input type="checkbox"/> SOAR Certificate |
| <input type="checkbox"/> SMART Certificate Level 1 | <input type="checkbox"/> SMART Certificate Level 1 |
| <input type="checkbox"/> SMART Certificate Level 2 | <input type="checkbox"/> SMART Certificate Level 2 |
| <input type="checkbox"/> PACE Certificate Level 1 | <input type="checkbox"/> PACE Certificate Level 1 |
| <input type="checkbox"/> PACE Certificate Level 2 | <input type="checkbox"/> PACE Certificate Level 2 |

Re: PACE Certificates: **Expression of Interest** attached: Yes No (exempt)

NOTE: To register for SOAR Technology Certificate courses, please use *Registration Form for Non-Certificate Participants and ‘Stand Alone’ Courses*.

SUPERVISOR/MANAGER APPROVAL DETAILS

Name: _____
Job Title: _____
Contact Information: *Phone/extension -* _____ *E-mail -* _____

Approval Granted

Signature: _____ **Date:** _____

DEPARTMENT HEAD’S NOMINATION DETAILS (if required)

Department Head: _____
OR
Authorized Department Delegate: _____
Job Title: _____

Nomination Confirmed

Signature: _____ **Date:** _____

Send your completed registration form to: M³P High Performance Learning Center, Human Resources Department, 3780 Market St., Riverside 92501, or via fax: (951) 826-2552.

For comprehensive program and registration information: please refer to our Learning Reference, or visit our website at www.riversideca.gov/human/m3p.

For any questions or comments: please contact us at Ph: 951-826-5269 or E-mail: m3p@riversideca.gov.



**REGISTRATION FORM FOR NON-CERTIFICATE PARTICIPANTS AND
'STAND ALONE' COURSES**

PARTICIPANT DETAILS

Name: _____ **Employee ID:** _____
Job Title: _____
Department: _____ **Division:** _____
Contact Information: *Phone/Extension -* _____ *E-mail -* _____
How long have you been in your current job? ___ Years ___ Months
How long have you been employed by the City of Riverside? ___ Years ___ Months

I fully satisfy the "Eligible Participants" conditions relevant to my chosen course(s).

Signature: _____ **Date:** _____

COURSE DETAILS

You may use this form to register for up to four (4) scheduled course sessions.

*** *SOAR Technology Certificate participants* please check this box and use this form to register for any courses relevant to your certificate program. You do not have to register for all courses simultaneously. ***

Course Name:	Course Name:
Session Date:	Session Date:
Session Time:	Session Time:
Course Name:	Course Name:
Session Date:	Session Date:
Session Time:	Session Time:

SUPERVISOR/MANAGER APPROVAL DETAILS

Name: _____
Job Title: _____
Contact Information: *Phone/extension -* _____ *E-mail -* _____

Approval Granted

Signature: _____ **Date:** _____

DEPARTMENT HEAD'S NOMINATION DETAILS (if required)

Department Head: _____
OR
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