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 the 2010 Spring Trimester. Please check the appropriate box. If your registration is accepted, you will be automatically enrolled into all course sessions necessary for your chosen program and you will be notified accordingly, at least 5 business days prior to the commencement of the Trimester.

2010 Spring Trimester (February 2010 – June 2010)

☐ SOAR Certificate ☐ SMART Certificate Level 1

☐ SMART Certificate Level 2

SUPERVISOR/MANAGER APPROVAL DETAILS

Name:

Job Title:

Contact Information: *Phone/extension -* *E-mail -*

☐ **Approval Granted**

Signature: **Date:**

Send your completed registration form to: M³P High Performance Learning Center, Human Resources Department, 3900 Main St., Riverside 92522, 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.

Print Form