

COMPREHENSIVE PUBLIC TRAINING PROGRAM

CLASS REGISTRATION FORM

AGENCY CODE

ORGANIZATION I.D.

Course Title

Location (City)

DATE

1st Choice

2nd Choice

NOTE: We will attempt to comply with your first choice in scheduling this class; however, since the classes are filled on a first come, first served basis, you may be scheduled for either date requested. You will receive confirmation approximately three weeks prior to your scheduled date. To check the status of your application, call your agency coordinator or the CPTP office, Division of Administration, at 225-342-4739.

PARTICIPANT INFORMATION

Name	Social Security No.
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Department/Agency/Office

Work Address, City, State	Job Title
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Home Address, City, State, Zip Code	Are you a supervisor?
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Yes No

Work Phone No. ()	Fax No. ()	Birthdate	Parish of Residence
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E-Mail Address (if applicable)

Supervisory Group for Civil Service Mandatory Training, if applicable:	<input type="checkbox"/> Supervisory Group 1	<input type="checkbox"/> Supervisory Group 2	<input type="checkbox"/> Supervisory Group 3
Accommodation Needed (ADA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please indicate what is needed:

The following information is used to compile equal opportunity reports. You are not legally obligated to provide this information.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other		

Highest Level of Education Completed	<input type="checkbox"/> Diploma/Some college/Tech. School	<input type="checkbox"/> College degree	<input type="checkbox"/> Graduate courses/graduate degree
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APPROVAL SIGNATURES

NOTICE TO AGENCIES:

The Management Development classes are designed for managerial/ supervisory personnel. CPTP considers agency approval to be authorization for the participant to travel to the city where the requested class will be held.

Applicant

Date

Supervisor

Date

Agency Approval

Date

Agency CPTP Coordinator

Date

Return the completed form to your Agency CPTP Coordinator: _____

Address and City: _____

Phone & Fax Numbers: _____