

LAW ENFORCEMENT TRAINING ACADEMY - APPLICATION CHECKLIST

NAME _____

**Please use the list below as a checklist for the application process.
Please return with your application.**

1	Academy Application - Notarized
2	Academy student information form
3	Attendance at another academy form (if applicable)
4	Signed form on Arrest, Military
5	Two letters of recommendation must be signed by the person doing the letters. Cannot be copies.
6	Local criminal history check form – Must be from the County in which you live.
7	Medical Evaluation – Must be signed by a licensed Medical Doctor – NOT AN LPN, RN, etc. – No one else will be accepted
8	Military form DD-214 (If applicable) – ALL SERVICE TIME
9	Psychological Evaluation – Must be signed by a licensed Psychologist or Psychiatrist – No one else will be accepted.
10	TBI - Tennessee Criminal History Information
11	Fingerprint Response Report
12	Cleveland State Community College Application (may complete online)
13	Copy of Valid Driver's license
14	Copy of Birth Certificate
15	Chicken Pox (Varicella) _____ TWO SHOTS
16	Hepatitis B waiver form
17	Immunization form (MMR) _____ TWO SHOTS
18	Transcripts –high school or GED and <u>all</u> college transcripts.
19	Complete FAFSA if applying for Financial Aid

Please indicate below how you intend to cover the cost of the academy.

_____ Being paid by Department- choose one ___ bringing check or ___ letter from department
authorizing invoicing

_____ Paying for self

_____ Financial Aid



APPLICATION INSTRUCTIONS AND IMPORTANT DATES

SPRING 2018

There are two parts to the application. (Please use the checklist provided to help you complete the application process)

Part 1 - Law Enforcement Training Academy Application and General Information. Please follow all directions and fill out all pertinent forms.

Part 2 - Cleveland State Community College Application. You will receive 23 credit hours as a CSCC student upon completion of the academy. These credit hours can be applied to an Associate's Degree if you chose to continue your education.

Applications must be received by: Tuesday, January 2, 2018.

If there is an arrest or anything other than an Honorable discharge on a DD214 the deadline to apply is December 1, 2017. You may need a waiver from the POST commission to attend the academy.

Acceptance decision letters will be mailed as completed applications are received. If you are applying for Financial Aid, we recommend getting your application in as soon as possible so that part can get started; make sure your FAFSA is sent to Cleveland State Community College for the 2017-2018 year.

SPRING 2018 Academy Dates:

Orientation: Wednesday, January 17, 2018
9am – 5pm
Cleveland State Community College – Room T138 – Technology Building

Academy Resumes: Monday, January 29, 2018

Graduation: Friday, December 8, 2017.

PART 1

Academy Application and
General Information



Cleveland State Law Enforcement Academy

Student Information

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: HOME _____

WORK _____

EMERGENCY #1 _____

#2 _____

#3 _____

D.O.B.: _____

LICENSE#: _____

SSN: _____

AGENCY: _____

POSITION (PLACE A CHECK BESIDE WHAT APPLIES TO YOU):

1. FULL-TIME PATROL OFFICER
2. PART-TIME/RESERVE/AUXILIARY PATROL OFFICER
3. FULL OR PART-TIME/RESERVE/AUXILIARY CORRECTIONS/JAILER/DISPATCHER
4. SECURITY
5. CRIMINAL JUSTICE MAJOR OR GRADUATE
6. NO LAW ENFORCEMENT EXPERIENCE OR TRAINING

WEAPON: MAKE _____ : _____ SEMIAUTO _____ CALIBER

HIGHEST GRADE COMPLETED: _____

EMPLOYMENT INFORMATION

Current Employer (or last place of Employment) _____

Employer's Address _____
street city state zip code

Name of the head of your Agency _____

Your Title or Position _____ Rank (if applicable) _____

Date you started employment _____

Date you ended employment – if applicable _____

Work Phone _____ Supervisor's name _____

LAW ENFORCEMENT TRAINING ACADEMY INFORMATION

Does your employment/position require POST certification as a police officer? Yes ___
No ___ - If yes enclose a copy of POST Form 1

Have you been a certified police officer in Tennessee or another state?
Yes ___ No ___

If you have prior law enforcement experience, give the name of the agency and the nature and dates of your association:

Have you ever been denied certification or had certification revoked as a police officer?
Yes ___ No ___
(If 'yes', attach detailed explanation of circumstances)

Have you ever attended basic police academy training? Yes ___ No ___
(If "yes", identify the academy and dates of attendance. MUST INCLUDE ANY ACADEMIES IN THE USA.)

Did you ever start but not complete basic police academy training? Yes ___ No ___
(If you answered "yes" to ANY of these questions see the notation below.)

Are you delinquent on any Federal Student Loans? Yes ___ No ___

Are you delinquent on child support? Yes ___ No ___

Reminder: If you have attended another law enforcement training academy, or been employed with a department and attended their own academy, you will have to go back to the initial academy in which you started. A waiver would have to be obtained from the POST Commission to attend a different Academy. The Law Enforcement Training Academy here at Cleveland State Community College will not ask for such a waiver.

If you are not currently employed full time with a Law Enforcement Department you must include two letters of recommendation.

If you are currently employed full time with a Law Enforcement Department use the form on the next page and have your department fill it out.



**THIS PAGE TO BE USED ONLY BY APPLICANTS ASSOCIATED WITH
A LAW ENFORCEMENT AGENCY**

EMPLOYER CERTIFICATION AND RECOMMENDATION

Indicate Officer's Position (Check where appropriate)

I certify that the status of the applicant is correctly represented below and that this application has been reviewed for accuracy. Applicant is eligible for admission in accordance with POST pre-employment requirements or that suitable waivers have been submitted to POST (Copies Attached) and is recommended for Law Enforcement Training Academy training by this department/agency.

**APPLICANT HAS BEEN WITH THE DEPARTMENT IN THE BELOW CAPACITY
SINCE: _____(DATE)**

Chief Executive's Signature _____

And PRINTED name of employer or superior _____

**Title _____ Department or
Agency _____**

City / State / Zip _____

Date _____ Executive's Direct Phone # _____

(Verification of employment and position held will be made by the Academy through contact with your department prior to your final admission confirmation.)

ARREST AND CONVICTION INFORMATION:

Have you ever been arrested for or convicted, pleaded guilty to or entered a plea of nolo contendere to any violation of any federal or state laws or city ordinances (includes both misdemeanor and felony charges)? YES ___ NO ___

Are there currently any pending matters, such as indictments, arrests, charges of any type, or criminal investigation in which you are a suspect, against you? YES ___ NO ___

Are you currently under any Restraining Order or Order of Protection? YES ___ NO ___

If "Yes" in any case, attach a detailed, signed, and notarized explanation of the circumstances to include the date (s) of arrest, place of arrest, charges placed, identity of court jurisdiction, plea entered and conviction or other disposition of the case. The Peace Officer Standards and Training (POST) Commission requires that anyone attending a POST approved Basic Academy to be in compliance with Pre-Employment requirements.

PLEASE NOTE fingerprint reports are required. However, fingerprints will be done locally once you have been accepted into the Academy. The reports will be sent to the POST Commission which will provide them to the Tennessee Bureau of Investigation and the Federal Bureau of Investigation.

You must be in compliance with POST Rules for officer certification in order to attend the Law Enforcement Training Academy. Any deception, fraud, or misrepresentation is discovered with regard to the criminal background at any point during the academy, the cadet will be dismissed without recourse or refund, additionally the POST Commission will be notified of the reasons for the Cadet's dismissal.

MILITARY

If a potential student has been in the military they must have an Honorable Discharge. If they have any other type of discharge a POST Commission waiver must be obtained.

A wavier may be requested by a student, but the Academy is under NO obligation to present an individual to the POST Commission for a waiver. A waiver of POST rules request does not guarantee that it will be favorably acted upon by the POST Commission.

MILITARY SERVICE: Requires copy of DD-214 be submitted with application.

PRIOR MILITARY SERVICE YES _____ NO _____

Branch of Service _____ Dates of Service _____

Type of Discharge _____

NOTE: POST Rules 1110-2-.03(1)(e) and 1110-8-.02 require and only accept an honorable discharge as a prerequisite for POST certification.

Signature _____

Date _____

The following pages are forms you must use to obtain your background checks, physical and psychological exams.

The costs for these are your responsibility.

- POST Confirmation of Medical Examination – you must pass a physical examination by a licensed physician, nurse practitioner or physician assistant. Have them fill out the form provided.
- POST Confirmation of Psychological Evaluation – you must be certified by a licensed health care provider qualified in the psychiatric or psychological field. Have them fill out the form provided.
 - As a guideline, in the Cleveland/Bradley County area, Hiwassee Mental Health Center located at 940 South Ocoee Street, Cleveland, TN, telephone number (423) 479-5454 can provide you with the necessary testing or you may choose from any one in your residential area by checking the yellow pages under Mental Health Services or Psychologist. The fee for administering the necessary test(s) may vary depending on the health professional selected.
- Local Background Check – take this form to the Sheriff’s Office of the county you live in and have them run a local criminal check (do not sign this form yourself)
- TBI Background Check – TBI Background checks must be submitted online at www.tn.gov/tbi/article/background-checks The cost is \$29. Have the results emailed to lawenforcementacademy@clevelandstatecc.edu
- Fingerprint report. Go to www.identogo.com to find a location near you to get your fingerprints run. The response report needs to be included with your application.



**TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION**

CONFIRMATION OF MEDICAL EXAMINATION
(To be completed by a licensed medical examiner)

OFFICER: _____ SSN: _____

AGENCY: _____

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the medical examiner for the purpose of police officer certification. Upon completion of physical evaluation, the examiner should sign the appropriate statement and this form should be returned to the law enforcement agency. This form should then be attached to the Application for Certification – Police Officer, and should be forwarded to the POST Commission.

TO THE MEDICAL EXAMINER

Pursuant to Tennessee Code Annotated, Section 38-8-106, applicants for police certification must have passed a physical examination by a licensed physician or a nurse practitioner or physician assistant, so long as the task is expressly included in the written protocol developed jointly by the supervising physician and the nurse practitioner or physician assistant, whichever is applicable, setting forth the range of services that may be performed by the nurse practitioner or physician assistant. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT OF ATTENDING PHYSICIAN

I have performed a medical examination and find that this officer is:

PHYSICALLY FIT – This person is physically fit within reasonable degree of medical certainty.

NOT PHYSICALLY FIT – This person is not physically fit for the following reasons:

Comment: _____

(Signature of Medical Examiner)

(Street Address)

(Date)

(Telephone)

(City/State)



**TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION
CONFIRMATION OF PSYCHOLOGICAL EVALUATION**

APPLICANT: _____ AGENCY: _____

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of police officer certification. Upon completion of psychological evaluation, the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the law enforcement agency. This form should then be attached to the Application for Certification – Police Officer, and should be forwarded to the POST Commission. A copy of this report and the confidential results of the evaluation should be kept in the agency's file. DO NOT SEND CONFIDENTIAL EVALUATION TO THE POST COMMISSION.

TO THE EXAMINING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102, applicants for police certification must have been certified by a Tennessee licensed health care provider qualified in the psychiatric or psychological field as being free from any impairment, as set forth in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association at the time of the examination, that would, in the professional judgment of the examiner, affect the applicant's ability to perform an essential function of the job, with or without a reasonable accommodation. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the referenced individual and find that this officer is:

QUALIFIED

NOT QUALIFIED

to be certified under the provisions of Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102. The results of my evaluation are being forwarded to the employing agency.

Any person who, with the intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. § 39-16-702.

(Signature of Psychologist/Psychiatrist)

(License Number)

(State of License)

(Name of Psychologist/Psychiatrist – Please Print)

(Street Address)

(ZIP)

(Telephone)

(Date of Psychological Examination)

(Today's Date)



Cleveland State Law Enforcement Academy

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Applicant must take this form to The Sheriff's Department in the county of their residence (where you live or stay at) and have a local criminal record check conducted at their request and expense.

The **COMPLETED** record request must then be provided to the Basic Police Academy as a prerequisite to admission. The Police Academy reserves the right to validate the authenticity of the record request through contact with the listed agency.

Full Name _____

Date of Birth _____

Social Security Number _____

Address (Street) _____

(City, State, Zip code) _____

Type of Identification Presented:

Drivers License (State & DL number) _____

Other (Describe fully) _____

Local Record Check if **NONE** _____

YES (If "yes", describe fully and provide printout) _____

Law Enforcement Agency conducting check: _____

Printed name. _____

Signature _____

Date _____



Tennessee Bureau of Investigation- TORIS Unit
901 R.S. Gass Blvd., Nashville, TN 37216
Telephone: 615-744-4057



Memorandum

The Tennessee Bureau of Investigation (TBI) is the central repository for criminal history information for the state of Tennessee. In addition to maintaining criminal history information, it is our responsibility to provide public access to this information when requested.

Criminal history information, in the state of Tennessee, is comprised of misdemeanor and felony arrests based solely on fingerprint submission by the arresting agencies. When you request criminal history information on an individual, your results will state whether the subject has or does not have a Tennessee criminal history record. If there is a record that **may be** for the individual searched (aliases will not be included) a copy of the criminal history record will be forwarded to you. The Open Records check is a TN "name-based" check only. Please do not submit fingerprint cards or other additional documentation. Only the information contained on the request will be used to process the TN criminal history check. The accuracy of the information provided is critical, as all searches are conducted based on the information given.

The cost for criminal history information is \$29 per request and is non-refundable. Payment can be made with cash, money order, cashiers check, personal check, business check or credit card. (Personal checks will be held until the funds have cleared the bank.)

Appealing the Results of a Criminal History Check.

If you requested a Tennessee criminal history information check on yourself or a check was requested for you and you wish to dispute the accuracy of the results, a fingerprint comparison can be performed. You must provide a copy of your fingerprints for the Tennessee Bureau of Investigation to compare against those corresponding with the criminal record found. Submit your fingerprints along with a letter stating that you wish to dispute the findings of the record check conducted in your name. **You must include a cashiers check or money order for \$24.00.**

Once the comparison of fingerprints has been made, the results will be forwarded to you stating that the criminal history is either accurate or found to be inaccurate. The Tennessee Open Records Information Services unit will assist in correcting any inaccuracies identified as the result of the fingerprint comparison.



Tennessee Bureau of Investigation – TORIS Unit
 901 R.S. Gass Blvd., Nashville, TN 37216
 Telephone: 615-744-4057



Tennessee Criminal History Information Request Form

This request is for a Tennessee name-based criminal history background check only. Submit completed form along with the required \$29.00 processing fee. You must indicate payment method below or Account # _____.

Date: _____ Special Instructions: _____

Requestor Information: Business Name _____
 Print Full Name _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone Number _____ Fax Number _____
 Email Address lawenforcementacademy@clevelandstatecc.edu
 Send Results By: Mail Fax Email In Person - TBI Nashville only
 Note: Results will be sent within 3-5 business days.

Fill out **ONLY IF** results go to a different person or location other than listed above:
 Send Results By: Mail Fax Email
 To: Name Law Enforcement Training Academy Cleveland State Community College
 Street Address 3535 Adkisson Dr. PO Box 3670 City Cleveland State TN Zip 37320-3670
 Fax Number or Email Address (if needed): lawenforcementacademy@clevelandstatecc.edu

Background Check Subject: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.
 Name (Last) _____ (First) _____ (Middle) _____
 A.K.A. Names (Maiden, Other, etc.) _____
 1 (Last) _____ (First) _____
 2 (Last) _____ (First) _____
 Date of Birth _____ Place of Birth _____
 Race _____ Sex _____ Social Security Number _____
 Street Address: _____
 City _____ State _____ Zip _____

Payment Method: Must select one of the options below:
 Visa MasterCard Discover Cashier's Check Money Order
 ***Credit / Debit Card use must include 3 digit authorization code located on back of card. ***
 Name (as it appears on card) _____
 Card Number _____ Expiration Date _____ ***3 digit Code _____
 Card holder's Street Address _____
 City _____ State _____ Zip _____
 Total Amount to be Billed: \$ _____ Authorized Signature _____

Please include a copy of the following documents:

1. A copy of your driver's license (you must hold a current and valid driver's license to attend the academy)
2. A copy of your birth certificate

The following page is the Declaration Page, take this to a Notary Public and sign it in front of them, they will then sign and notarize it.



Declaration Page

I CERTIFY THAT ALL THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IF I AM APPROVED FOR ATTENDANCE, I WILL ABIDE BY THE RULES AND REGULATIONS OF THE ACADEMY. I UNDERSTAND THAT FRAUD, MISREPRESENTATION, OR DECEPTION WILL RESULT IN MY DISMISSAL, WITHOUT RECOURSE OR REFUND, FROM THE CLEVELAND STATE COMMUNITY COLLEGE, LAW ENFORCEMENT TRAINING ACADEMY.

Signature of applicant

Date

Notary Public

Date

Printed Notary Name

My commission expires

MUST BE NOTARIZED

Notary Public Seal



Mail completed (Parts 1 & 2) application packet to:

Cleveland State Community College
Law Enforcement Training Academy
PO Box 3570, Cleveland, TN 37320-3570

Hand deliver application packet to:

Cleveland State Community College Law
Enforcement Training Academy, Technology
Building, Room T-101

Any intentional omissions, or untruthful statements made in this application process will be deemed a violation of the Honor Code and student will not be considered.

BASIC LAW ENFORCEMENT COURSE

GENERAL INFORMATION

The mission of the Basic Law Enforcement Training Academy is to provide law enforcement training and education which will meet the requirements of the Tennessee Peace Officer Standards and Training (POST) Commission and which will ensure that the citizens of Tennessee are protected and served by officers that are capable, well prepared and confident.

In its commitment to excellence, the Basic Law Enforcement Course at CSCC continues to review, revise and expand its training programs. It is our goal to provide the highest caliber of instruction and to insure that officers leave the training program equipped with fundamental police knowledge, skills and abilities and are sensitive and responsive to the communities they serve.

At present there are three (3) Basic Law Enforcement Course sessions per year, generally beginning in early February, early May and mid-September.

Each Basic Law Enforcement Course consists of an intensive twelve-week session of instruction within 14 general instructional areas and up to 67 individual topical areas. The Academy provides more than 500 hours of instruction. Classes are scheduled Monday from 8:00a.m. until 5:00p.m., Tuesday through Friday from 6:00a.m. until 5:00p.m. Occasional mandatory night sessions will be scheduled and may go as late as 11:00 p.m. Some classes require activities each night. Only emergency circumstances will justify an absence from class as missing sessions may affect your graduating with your class.

Twenty-three (23) semester hours of college credit will be granted to each student successfully completing this training. These hours may be applied toward an Associate's Degree at CSCC or at other colleges which agree to accept them. See the Admissions Office for an evaluation of all transcripts.

Physical training and conditioning at the Academy is rigorous. Applicants should prepare for this through personal pre-conditioning in advance of attendance. Fitness & training standards may be obtained from the Law Enforcement Training Academy office or the Academy website.

Financial aid and scholarships may be available to Academy students. Contact Financial Aid at extensions #289 or #284. Veteran's assistance at extension #265 may be available to qualified persons. Also, Tennessee Career Center WIA funds may be available, contact them at 423-614-8754 for more information.

ADMISSION
(By Order of Acceptance)

1. **Full-Time Officer: Enclose a copy of the completed POST Form 1.**
(Gets First selection for admission) Must be and continue to be employed full-time during enrollment of the Academy. If you leave full-time status to attend the Academy, you will fall into one of the categories below.
2. **Part-time officer: Patrol___; Corrections___; Jailer___; Dispatcher**
(Gets Second selection for admission, interview may be required)
3. **Temporary/Reserve/Auxiliary/Volunteer officer: Patrol___;**
Corrections; __Jailor__; Dispatcher__.
(Gets Third selection for admission, interview may be required)

IF YOU ARE NOT ASSOCIATED WITH A DEPARTMENT FULL-TIME OR A RESERVE OFFICER THEN YOU ARE CONSIDERED TO BE A CRIMINAL JUSTICE MAJOR OR GRADUATE.

4. **Criminal Justice Majors and Graduates.**
(Gets Fourth selection for admission, interview may be required)

Officers in category's 2 & 3 are in the same category as Criminal Justice Students and must follow the same guidelines for admission as any other student.

REMINDER REQUIRED
ADDITIONAL INFORMATION

ALL STUDENTS:

DRIVER'S LICENSE – Must enclose a copy of your current Tennessee Driver's License.

Birth Certificate – You must enclose a copy of your birth certificate.

MILITARY - If you have been in the military you must provide us with a DD-214. If the discharge status is other than HONORABLE, a waiver from the POST Commission will be required.

LETTERS OF RECOMMENDATION – If you are not employed with a Law Enforcement Agency full-time, you must provide two letters of recommendation. These letters must be signed by the person providing the letter.

TUITION AND FEES

Tuition and Fees are due at orientation.

If you are employed with a department that is paying your tuition and fees, either bring a check with you to orientation or have the department send a letter stating they are covering your costs and authorizing Cleveland State to invoice them. Please submit this letter with your application.

First time CSCC students -IN-STATE TUITION- APPROXIMATELY \$2,571.50

**First time CSCC students- OUT OF STATE TUITION- APPROXIMATELY
\$9,070.50**

Books are approximately - \$300

**Tuition and fees are subject to change by the Tennessee Board
of Regents as of July 1ST. each year.**

OTHER INFORMATION

This application will be kept on file for one year from the submission date. It will be used for review of admission to the Basic Law Enforcement Course for the next two sessions. After that it must be updated and resubmitted.

LODGING - Neither CSCC nor the Law Enforcement Training Academy provides lodging or meals. Students must pay for their own lodging and meals. We can provide limited assistance in locating lodging. There are several local motels in proximity that have, in the past, provided lodging, double occupancy (7 day week) at the rate of \$100 - \$150 per person, per week. (List is included)

REFUNDS - Refunds are in accordance with CSCC policies and regulations.

FINANCIAL AID – Financial aid may be available to Academy students in the form of a student loan. Veteran's assistance is also available. (contact list is included)

INJURY OR ILLNESS - First aid will be provided when appropriate in cases involving illness or injury. When other medical services are required, the physician of choice will be contacted or transportation by ambulance to a local hospital emergency room will be arranged. All expenses incurred from treatment or ambulance transportation will be the responsibility of the individual.

BOOKS - A booklist will be provided to the student at orientation.

INSURANCE - Neither CSCC nor the Academy provides medical insurance or workman's compensation for students. Student insurance may be purchased separately. Students covered through their employers should have in their possession the name of the employer's insurance company and policy number.

DRESS CODE AND EQUIPMENT – A uniform and equipment list will be provided at orientation. Students will also be briefed on dress code the day of orientation. Khaki BDU pants are required for everyday class. Black shoes or boots, black socks, black belt, black gun-belt are also required for daily classroom attire. Grey shirts with the academy logo will be ordered through class. Alternate colored attire is acceptable for practicums (when permitted by instructors).

PHYSICAL TRAINING – Students must furnish personal athletic and gym clothing for physical conditioning training. Grey t-shirts, black gym shorts (females may wear athletic pants), and athletic shoes (no black soles) are required.

If you need additional information on the program you should contact the academy at (423) 473-2439. Inside Tennessee, the toll free number is 800-604-2722 Ext. 439.

Motel Information for the Cleveland, Tennessee area

America's Best 2655 Westside Drive, NW	423-472-3281
Baymont Inn & Suites 107 Interstate Drive, NW	423-339-1000
Candlewycke Manor Bed and Breakfast 500 Davis Lane, NW	423-310-2215
Classic Suites 179 Bernham Drive	423-339-4900
Colonial Inn 1555 25th Street	423-472-6845
Comfort Inn 152 James Asbury Drive, NW	423-478-5265
Exclusive Quarters 210 James Asbury Drive, NW	423-479-1333
Fairfield Inn 2815 Westside Drive, NW	423-664-2501
Hampton Inn 185 James Asbury Drive, NW	423-559-1001
Mountain View Inn 2400 Executive Park Drive, NW	423-472-1504
Jameson Inn 354 Paul Huff Parkway, NW	423-614-5583
Quality Inn 153 James Asbury Drive, NW	423-478-5265
Ramada Inn 156 James Asbury Drive, NW	423-472-5566
Royal Inn 134 James Asbury Drive, NW	423-472-5850
Super 8 163 Bernham Drive, NW	423-476-5555
Wingate Inn 110 Interstate Drive, NW	423-478-1212

FINANCIAL AID/SCHOLARSHIPS/GRANTS/GI BILL ASSISTANCE

PLEASE CONTACT THE DEPARTMENT DIRECTLY:

FINANCIAL AID- CONTACT INFORMATION
472-7141, extension 284

GI Bill - Ray Goad-
472-7141, extension 265
ggoad@clevelandstatecc.edu

Tennessee Career Center – 423-614-8754
This is a needs basis program; a pre-application is included on next page.

You must complete a FAFSA at www.fafsa.ed.gov if you are applying for financial aid. Make sure to have it sent to Cleveland State Community College



Pre-Application Form

Return completed form to: Josh McCoy
 3535 Adkisson Dr NW, Technology Building Suite 130 A, Cleveland, TN 37312
 Phone: (423)614-8754 / Fax: (423) 790-5606
 jmccoy@sedev.org

Please fill in all blanks and check all boxes that apply. **Please PRINT**

Date: _____

Name: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

E-mail address: _____

Date of Birth: Mo ____ Date ____ Year ____ (age 16-24)

U.S. Citizen: Yes No

Gender/Sex: Male Female

Registered for Selective Service (Males 18+) Yes No

Employment Status: Employed Unemployed

Educational Status: In-school Not in-school *If in-school: School /Program:* _____

Highest grade completed: _____

Did you drop out of High School? Yes No

Number in your family _____

Is applicant pregnant/parenting? Yes No

Are you a member of a household that receives food stamps? Yes No

Do you have a disability? Yes No

Are you involved in the court system? Yes No

Do you have a stable place to live? Yes No

Is English your second language? Yes No

Are you currently in, or have you ever been in, foster care? Yes No

Please list all members of your household, including yourself, and their relationship to you that have lived in your home during the past six months. Income information will need to be provided by all working members of the household. Source includes Employment, Welfare (AFDC), Families First, SSI, Social Security, Unemployment benefits, Workman' Comp, odd jobs, child support, or any other income should be included.

NAME	RELATIONSHIP	DATE OF BIRTH	SOURCE OF INCOME	AMOUNT OF INCOME

Please list all employment you have had and/or volunteer work you have done.

COMPANY NAME	JOB TITLE	SALARY	HOURS/WK	START / END DATE	REASON FOR LEAVING

The facts set forth in my application are true to the best of my knowledge. I hereby authorize staff of the WIOA (Workforce Innovation and Opportunity Act) Career Centers to verify income and employment history.

Applicant _____ Date _____

Parent (Only if 17 or under) _____ Date _____

PART 2

Cleveland State Community
College Application

The Cleveland State Community College application can be done using the hard copy provided or online at www.clevelandstatecc.edu. There is no charge to apply to Cleveland State.

Important documents that must be turned in with the Cleveland State application include:

- Immunization records
 - Proof of MMR vaccination (2 shots) – unless born prior to 1957
 - Proof of Varicella (chicken pox – 2 shots) or proof of disease unless born prior to 1980

- Transcripts
 - Official High School Transcript or GED scores
 - Official transcripts from any college attended

These must be sent in a sealed envelope from the institution

- Males born after 1959 must provide a Selective Service Number or proof of exemption from the draft.

Cleveland State

COMMUNITY COLLEGE
3535 Adkisson Drive • PO Box 3570
Cleveland, TN 37320-3570



APPLICANT INFORMATION

*Social Security Number: _____ Date of Birth: _____

*In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. However, only the Social Security number may be used as an identifier for grants, loans, campus employment and other financial aid programs according to federal regulations. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Full Legal Name: _____

Previous Name(s): _____ Good Until: _____

Mailing Address: _____ State: _____ Zip: _____

City: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Personal Email Address: _____

Permanent Address (if different from above): _____

GENDER, CITIZENSHIP, ETHNIC ORIGIN

- Gender**
- Male
- Female
- Citizenship**
- U.S. Citizen
- Permanent Resident Alien

Foreign Citizen
Non-US Citizens must present visa or alien registration card.

Country: _____

Visa type or Card #: _____

- Ethnic Origin**
- Do you consider yourself to be Hispanic/Latino/Spanish origin? Yes No
- In addition, select one or more of the following racial categories to describe yourself:
- Alaskan Native White
- Asian Native Hawaiian/Other Pacific Islander
- American Indian Black/African American Other

Is English your native language? Yes No

Are you a US Veteran? Yes No

The Tennessee Eligibility Verification for Entitlements Act requires an applicant for state financial aid to complete and sign the following statement:

I swear or affirm under penalty of perjury under the laws of the state of Tennessee that:

I am a United States citizen; or I am an alien lawfully present in the United States.

I understand that this statement is required by Tennessee law because I have applied for a public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement my admissions may be rescinded or I may be disciplined by Cleveland State Community College.

Student's Signature _____

Date _____

CLASSIFICATION

← **Area of Study**
(see opposite page)

Program Code

(code required for degree seeking students only)

Student Classification:

- First-time College Student
- Readmission
- Transfer
- The classifications below are not eligible for financial aid**
- Audit
- Non-Degree
- Transient (one term, also attending another college)

Term you plan to enroll:

- Fall (August)
- Spring (January)
- Summer (May/July)
- Year 20 _____

Do you plan to be: Part-time (1-11 credit hours) Full-time (12 or more credit hours)

RESIDENCY (No student is eligible for admission who is not a resident of the state.)

Have you lived in Tennessee continuously since birth? Yes No
If you answered no, how long have you lived in Tennessee? _____ years _____ months

Why did you move to Tennessee? _____
How long have you lived at the permanent address listed? _____ years _____ months Own Rent

Are you currently employed in Tennessee? Yes No Full-time Part-time

How long have you been with this employer? _____ years _____ months

Employed by: _____ City _____ State

SELECTIVE SERVICE

All male U.S. citizens and non-citizens 18 through 25 years of age residing in the United States must register with Selective Service prior to registering for classes at Cleveland State. This does not apply to those exempt by federal law including females, non-immigrant aliens on student, visitor, tourist or diplomatic visas, and active duty military personnel.

Indicate whether or not you have registered with Selective Service: Yes No

If no, indicate why not: I am not yet 18 I am female I am 26 or older Other: _____

PREVIOUS SCHOOL INFORMATION

Last **HIGH SCHOOL** Attended: _____ City: _____ State: _____

Mark only one; (Students who graduated with a special education diploma or certificate of attendance are not admissible as degree seeking without a GED.)

I am still currently enrolled in the above named high school and expect to graduate in: _____ month/year

I graduated from the above named high school in: _____ year

I did not graduate from high school but received a GED in _____ year at _____ location

I did not graduate from high school and do NOT have a GED.

Have you taken an ACT or SAT test within the past three years? Yes No If yes, test date: _____

List below all **COLLEGES** (including Cleveland State) in which you have registered for courses even if you withdraw from the school and did not earn credit. Submit an official transcript from each college. Do not list colleges to which you have only applied.

Name of Institution	City and State	Date of Attendance	Degrees received (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At the last college attended, your academic status was (check one): In good standing On probation Suspended

It is a Class A misdemeanor to misrepresent academic credentials. T.C.A. Sec. 49-7-133.

IMPORTANT INFORMATION

I understand that withholding information requested on this application or giving false information may make me ineligible for admissions to the College or subject to dismissal. With this in mind, I certify that the information I have provided is correct and complete.

I understand that acceptance as a degree student requires submission of an official (sealed) high school transcript or GED, official (sealed) college transcript(s), select vaccination information, AND placement test or ACT scores. If not received by Cleveland State prior to my initial registration, acceptance is pending upon receipt of these documents. Grades and transcripts of credits will be withheld and registration for subsequent terms may be denied until this requirement is met. If you are accepted as a student at this institution, there are certain performance tests you may be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by the institution. Any instances where tests are administered by an external entity, you hereby agree for results of such tests to be released to the institution. This requirement is to comply with the legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. If you are under 21 years of age and are required to complete placement tests, your scores and course placement may be reported in your high school for research purposes. Any test scores will be treated confidentially as required by law.

By signing this application, I understand that Cleveland State Community College may publish for publicity purposes any photographs containing my image which are taken to promote the college on or off campus. If you do not wish your photo to be used, please contact the Enrollment Services Center located in U117.

Student's Signature _____



Cleveland State
 COMMUNITY COLLEGE
 Enrollment Services Center
 3535 Adkisson Drive • Cleveland, TN 37320
 Phone: (423) 473-2310

Certificate of Immunization
 MMR and Varicella (Chicken Pox)

The State of TN requires students entering colleges, universities, and technical institutes to provide proof of two doses of Measles, Mumps, & Rubella (MMR) vaccine & effective July 1, 2011 proof of two doses of Varicella (CHICKEN POX) vaccine.

Name _____ Student ID#: _____
Last First Middle

PART I (To be completed by a healthcare provider)

MMR & VARICELLA VACCINATIONS (Check the appropriate boxes)

- Received two (2) doses of vaccine since age 12 months
 MMR Date #1: _____ Date #2: _____
 Varicella Date #1: _____ Date #2: _____
- Medically contraindicated due to allergy, pregnancy, etc.
 MMR _____ Varicella _____
 Must list reason(s): _____
- Had disease as confirmed by medical records
 MMR Date: _____ Varicella Date: _____
- Laboratory confirmed immunity
 MMR Titer Date: _____ Varicella Titer Date: _____

Must be verified by Health Care Provider

Print Healthcare Provider's Name: _____
 Address: _____ Office Telephone: _____
 Signature: _____ Date: _____

PART II (Please check all that apply)

- I certify that I was born prior to January 1, 1957; therefore I am exempt from the MMR Immunization requirement.
- I certify that I was born prior to January 1, 1980; therefore I am exempt from the Varicella Immunization requirement.
- I refuse immunization(s) due to religious doctrine (affirmed under the penalties of perjury). Must attach a personal signed statement that vaccination conflicts with religious tenets or practices.

Signature: _____ Date: _____

Return this Form to: **Cleveland State Community College**
 Enrollment Services Center
 3535 Adkisson Drive
 Cleveland, TN 37320
 Phone: (423) 473-2310

Tennessee Department of Health Immunization Requirements for Students Enrolling in Higher Education Institutions in Tennessee after July 2011:
(Tennessee Department of Health Rule 1200-14-1-.29, revised December 2009)

Who is required to be immunized?

New full time enrollees in higher education institutions (post-secondary) in Tennessee with enrollments larger than 200 students.

- New undergraduates enrolled in at least 12 semester hours, or equivalent.
- New graduate students enrolled in at least 9 semester hours, or equivalent.

Exempt: full time distance learning students are exempt from immunization requirements.

Note: Institutions may have policies or requirements that go beyond state requirements.

Measles, mumps and rubella immunity:

Proof of immunity to measles, mumps and rubella may be provided by meeting one of the following three criteria:

- Date of birth before 1957, or
- Documentation of 2 doses vaccine against measles, mumps and rubella given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, or
- Documentation of blood test (serology) showing immunity to measles, mumps and rubella. If any one of the three is negative, 2 doses of vaccine must be documented.

Varicella (chicken pox) immunity:

Proof of immunity to varicella (chicken pox) is required by meeting one of the following four criteria:

- Date of birth before 1980, or
- History of chicken pox illness diagnosed by a healthcare provider or verified by a physician, advanced practice nurse or physician assistant to whom the illness is described, or
- Documentation of 2 doses of varicella vaccine given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, or
- Documentation of blood test (serology) showing immunity to varicella.

Hepatitis B immunity (only for health science students expected to have patient contact):

Proof of immunity to hepatitis B for students in health sciences prior to patient care duties may be documented in one of the following ways:

- Documentation of 3 doses of hepatitis B vaccine, or
- Blood test (serology) showing immunity to hepatitis B virus (or infection)

Valid exemptions to requirements:

- **Medical:** Physician or health department indicates that certain vaccines are medically exempted (because of risk of harm). Any vaccines not exempted remain required.
- **Religious:** Requires a signed statement by the student that vaccination conflicts with his or her religious tenets or practices.

Students who need 2 doses of vaccines, but cannot get both doses before classes start: Such students may enroll with documentation of one dose of each required vaccine, but the institution should have a policy to require timely submission of proof of complete immunization. Such policies might include not releasing semester grades or not allowing course registration for the next semester until proof of complete immunization is provided.

Location of immunization records: Adults can have difficulty locating childhood immunization records. They should check with family members who may have copies of childhood records. They should try to contact the original immunization provider; if a local health department, contact them directly; if a private medical office, contact that office. Schools may have copies of immunization certificates in student files. Children born after the mid-1990s may have records entered in a state-managed immunization registry; such registries now exist in many states, but are unlikely to contain information on adults. If records cannot be located, vaccination is recommended – additional doses of vaccine are not harmful.

*For more information: visit <http://twis.tn.gov> or <http://health.state.tn.us/CEDS/required.htm>.
Tennessee Department of Health Immunization Program: November 2010*



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 3535 Adkisson Drive • Cleveland, TN 37320
 Phone: (423) 473-2310

Hepatitis B Immunization Health History

Name _____ Last _____ First _____ Middle _____

Student ID/Social Security Number*: _____ Date of Birth: _____

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers of Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV) (to be completed by all new students)

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine. Date of completion of the Hepatitis B vaccination series: ____/____/____
- I hereby certify that I have read this information, and I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information, and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (if student is under 18): _____

Signature: _____ Date: _____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at (www.cdc.gov/health/default.htm).

**In accordance with the Privacy Act, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.*

TRANSCRIPT REQUEST FORM

LAST FIRST MIDDLE PREVIOUS NAME
STREET CITY STATE ZIP CODE
SOCIAL SECURITY NUMBER SIGNATURE OF STUDENT

If there is a charge, you may bill me at:

Date of Request

Please send a copy of my transcript to:

CSCC PA-1269-2/20/02



CLEVELAND STATE COMMUNITY COLLEGE
LAW ENFORCEMENT TRAINING CENTER
P.O. BOX 3570 • CLEVELAND, TN 37320-3570

TRANSCRIPT REQUEST FORM

LAST FIRST MIDDLE PREVIOUS NAME
STREET CITY STATE ZIP CODE
SOCIAL SECURITY NUMBER SIGNATURE OF STUDENT

If there is a charge, you may bill me at:

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CLEVELAND STATE COMMUNITY COLLEGE
LAW ENFORCEMENT TRAINING CENTER
P.O. BOX 3570 • CLEVELAND, TN 37320-3570

Cleveland State

COMMUNITY COLLEGE

3535 Adkisson Drive • PO Box 3570

Cleveland, TN 37320-3570

Application for Admission

APPLICATION INSTRUCTIONS:

FIRST TIME FRESHMEN

(No prior college/former CSCC dual enrollment)

- Complete Application for Admission
- Official high school transcripts or GED scores*
- ACT/SAT scores if less than 3 years old; students over 21 will be given COMPASS placement test
- Immunization Information (see "What else is required?")
- Proof of Citizenship

READMIT STUDENT

(Previously attended Cleveland State)

- Complete Application for Admission
- Applicants who have attended other institutions since attending Cleveland State must have official transcripts sent from each institution
 - If it has been five years or more since applicant last attended Cleveland State, please resubmit all required documentation.
- Proof of Citizenship

TRANSFER STUDENTS

(Previously attended another college)

- Complete Application for Admission
- Official high school transcripts or GED scores*
(If you have less than 60 college credit hours completed)
- Official college transcript(s)*
 - Transfer students who have not previously passed a math and English course will be required to take a placement test prior to registration. Students that took the COMPASS placement test at another Tennessee Board of Regents institution within the last three years should have the scores sent to the Office of Admissions.
- Immunization Information (see "What else is required?")
- Proof of Citizenship

DUAL ENROLLMENT

Please submit a Dual Enrollment Admission Application to Cleveland State. Admission requirements for this program are available through the Dual Enrollment Office 423 614.8734 or visit www.clevelandstatecc.edu/dual_studies/.

INTERNATIONAL

Please submit this application and contact the Office of Admissions for additional requirements.

CERTIFICATE

(May not be eligible for financial aid)

- Complete Application for Admission
- Official high school transcripts or GED scores*
- Official college transcript(s)*
- Immunization Information (see "What else is required?")
- Proof of Citizenship

The following admissions types are not eligible for federal financial aid:

TRANSIENT

(Take courses for one semester, then transfer back to home college)

- Complete Application for Admission
- Transient Student Approval form or official college transcript*
- Immunization Information (see "What else is required?")
- Proof of Citizenship

NON-DEGREE

(Not pursuing a degree)

- Complete Application for Admission
- Immunization Information (see "What else is required?")
 - Testing or transcripts may be required for some courses

AUDIT

(Attend courses but will not receive credit or a grade)

- Complete Application for Admission
- Immunization Information (see "What else is required?")

What else is required?

- New applicants are required to submit a \$20 non-refundable, one-time application fee payment with this application.
- All new applicants are required to sign a Hepatitis B Waiver form. Full-time students must also show proof of two doses MMR (measles, mumps, rubella) vaccination or proof of disease if born after 1957. Two doses Varicella (chicken pox) vaccination or proof of disease is required for all students born after 1980.

**Official transcripts are those received from the issuing institution by mail, fax or in person in a sealed envelope.*

Submit your application online, on-campus, or mail to the address above.
Phone: 423.473.2310 • Fax: 423.614.8711

Major Areas of Study

TRANSFER PROGRAMS

Financial Aid Eligible?	Program Code	Program Description
Associate of Arts		
Y	UARS_AA	Art (Studio) (TTP)
Y	UENG_AA	English (TTP)
Y	UFL_AA	Foreign Language (TTP)
Y	GPAA_GPAA	General Transfer
Associate of Fine Arts		
Y	UMUS_AFA	Music
Associate of Science		
Y	UAC_AS	Accounting (TTP)
Y	UAS_AS	Agriculture - Animal Science (TTP)
Y	UBIO_AS	Biology (TTP)
Y	UBA_AS	Business Administration
Y	UCH_AS	Chemistry (TTP)
Y	UCE_AS	Civil/Engineering (TTP)
Y	UCJ_AS	Criminal Justice (TTP)
Y	UECB_AS	Economics (TTP)
Y	EDUC_GPAS	Education
Y	UEE_AS	Electrical Engineering (TTP)
Y	GPAS_GPAS	General Transfer
Y	JIPER_GPAS	Health, PE and Recreation
Y	UHST_AS	History (TTP)
Y	UIS_AS	Information Systems (TTP)
Y	UMC_AS	Mass Communication (TTP)
Y	UMTH_AS	Mathematics (TTP)
Y	NSCI_GPAS	Natural Science
Y	UPHY_AS	Physics (TTP)
Y	UPS_AS	Political Science (TTP)
Y	MATC_GPAS	Pre-Computer Science
Y	DEHY_GPAS	Pre-Dental Hygiene
Y	UPHE_AS	Pre-Health Professions (TTP)
Y	LAW_GPAS	Pre-Law
Y	PMTE_GPAS	Pre-Medical Technology
N	UPNU	Pre-Nursing (for B.S.N.) (TTP)
Y	UPOT_AS	Pre-Occupational Therapy (TTP)
Y	UPPT_AS	Pre-Physical Therapy
Y	UPSY_AS	Psychology (TTP)
Y	USW_AS	Social Work (TTP)
Y	HSSW_GPAS	Human Services/Social Work
Y	USOC_AS	Sociology (TTP)
Y	TEA_AST	Teaching
Y	VET_GPAS	Veterinary Assistant

REGENTS ONLINE DEGREE PROGRAMS

These Degree Programs are entirely online
More information can be obtained by going to www.rmhq.org

Y	RODP_GPAA	Associate of Art General Studies
Y	RODP_GPAS	Associate of Science General Studies
Y	RODP_ECED	Early Childhood Education
Y	RODP_ROPS	Professional Studies-Info Technology
Y	WEBP	Web Page Authoring Certificate
Y	RODP_WEBT	Web Technology

CAREER PROGRAMS

Financial Aid Eligible?	Program Code	Program Description
Associate of Applied Science		
Y	ACCT_BUSMGT	Accounting
Y	OA_OFFADM	Administrative Assistant
Y	APPT_GENTECH	Applied Technology
Y	BUST_GENTECH	Business Technology
Y	BUS_BUSMGT	Business (Advance Option <input type="checkbox"/> Yes <input type="checkbox"/> No)
Y	CHE_INDTECH	Chemical Process Technology
Y	CIT_INDTECH	Computer Info Technology
Y	DPT_BUSMGT	Computer/Info Systems
Y	CNST_INDTECH	Construction Technology
Y	CJP_PGS	Criminal Justice
Y	DADT_INDTECH	Drafting and Design
Y	ECED	Early Childhood Education
Y	ELME_INDTECH	Electro/Mechanical
Y	EEET_INDTECH	Electronics
Y	HILMN_BUSMGT	Health Care Management
Y	LAA_PGS	Legal Administrative Assistant
Y	MGT_BUSMGT	Management
Y	TRN_OFFADM	Medical Transcriptionist
Y	OAA_OFFADM	Office Applications Assistant
Y	OT_INDTECH	Operations Technician
Y	PMA_OFFADM	Pre-Medical Assistant
Y	ALHN_PRE	Pre-Nursing
Y	SBMG_BUSMGT	Small Business Management

CERTIFICATE PROGRAMS

N	BACC	Accounting
N	TAD	Architectural Design
N	BMGT	Business and Management
N	TCT	Civil Technology
N	TCC	Climate Control
Y	CS_OCTT	Coding Specialist
N	BCBA	Computer Business Applications
N	TCA	Construction Applications
N	TCS	Construction Surveying
N	BCSV	Customer Service
N	TSMF	Electrical Maintenance Fundamentals
Y	EMT	Emergency Medical Technician
Y	GOA_OCTT	General Office Assistant
N	TAAF	Industrial Automation Fundamentals
Y	LET	Law Enforcement Training
Y	LOC_OCTT	Legal Office Clerk
N	TMD	Mechanical Drafting
N	TMMF	Mechanical Maintenance Fundamentals
Y	MOC_OCTT	Medical Office Clerk
N	TNSD	Network Systems Design
N	TPCF	Process Control Fundamentals
N	TTE	Technology Essentials
N	TZEN	Zero Energy Housing