BHP Blended Course Registration

Please print your name legibly, indicating how you would like your name to appear on your certificate.

Adult Education Program: _____

Name: _____
First *Middle Initial* *Last*

Last four digits of your social security number: ___ ___ ___ ___

E-mail: _____

Phone Number: (___ ___ ___)-___ ___ ___- ___ ___ ___ ___

Date of Birth (month/day/year): ___ ___ / ___ ___ /___ ___ ___ ___

Education: *Minimum requirement of a High School Diploma or equivalent. Please provide proof of your education such as your High School diploma/GED, college transcript, or degree.*

School Name: _____

Graduation Date (month/day/year): ___ ___ / ___ ___ /___ ___ ___ ___

Degree awarded or number of college credit hours: _____

Major (if applicable): _____

Additional Requirements for BHP Certification:

- ☐ Current Adult & Child CPR/First Aid with AED
- ☐ OSHA compliant Blood Borne Pathogen Training

If you currently have these certifications, please provide copies. If you need these trainings, information will be provided once you have registered.

Your signature below signifies that all information provided to the BHP Training and Certificate Program is correct.

Signature: _____ **Date:** _____