# 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: ___ ___ ___ ___

Mailing Address: _____

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:** _____