



REGISTRATION FORM

Fall 2024

Non-DOL Programs Only

2950 East X Street
La Porte, TX 77571
281-478-3900

www.onlineCMEF.org

STUDENT NAME

COURSE REGISTRATION

Name (First, Middle Initial, Last)

1st Class Request _____ Level _____ Rep Initials _____

Street Address

City _____ State _____ Zip Code _____

(_____) _____
Cell Phone Number

Email Address

Date of Birth (MM/DD/YYYY) _____

Social Security Number _____

NCCER # _____

Gender
 Female
 Male

Veteran
 Yes
 No

Race/Ethnicity

- Asian
- Black or African American
- Hispanic or Latino
- White
- Other _____

Preferred Location

The class must be offered at the chosen location *ONLY* from a schedule distributed by CMEF

CMEF San Jacinto Central San
Lee Jacinto North

Textbooks

All classes require a textbook. Textbooks can be purchased at the CMEF Main Office.

EMPLOYER INFORMATION

Company Name _____

Authorized Rep Name _____

EMERGENCY CONTACT INFORMATION

Name (First, Last) _____ Relation _____ Phone Number _____

NCCER REGISTRATION AND RELEASE

I hereby authorize NCCER and the NCCER accredited organization(s) where I receive training or testing to store, access and utilize my personal information in association with my training and/or assessment records. Further, I hereby authorize NCCER to rely upon this information to maintain my training and/or assessment records in its Registry System. I hereby release and hold harmless NCCER from any and all liability resulting from (i) its reliance on personal information I provide, or (ii) disclosing such information when required to do so by law or court order. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

HOLD HARMLESS AND INDEMNITY AGREEMENT

Persons who enroll in CMEF courses acknowledge that they are physically fit and able to participate in all courses and activities. In the event of accident or injury, participants agree to release and hold CMEF and its employees, agents, and board members harmless from and against all claims for injury, loss, or damage.

MEDIA RELEASE CONSENT

I hereby authorize the use of photos or videos that may be taken of me during training at CMEF. Such photos and/or videos may be reproduced and released for use in the media, newspapers, brochures, flyers, the Internet, and social media platforms (i.e. Facebook Instagram etc.)

CMEF CAMPUS RULES

Any class schedule is subject to change without notice. Completion of all or part of training program does not guarantee employment. Students agree to comply with all CMEF student policies and rules and are subject to immediate dismissal from the applicable program for failure to comply

No personal checks or cash accepted. Debit/credit cards and money orders accepted, refund policy can be found in the CMEF Catalog at onlinecmeff.org

Student's Signature _____ Date _____

Parent/Guardian Signature (Required if Student is under 18) _____ Date _____

Standard Craft Training Classes

Training Contributor Level 1 - \$145
Training Contributor Level 2 - \$200
ABC Member \$595 Non ABC/TCA Member \$780

NCCER Crane Course

TCA 1 & TCA 2- \$395 ABC Member- \$595 Non ABC/TCA- \$980

PLEASE CHECK ONE:

NCCER Project Supervision

TCA 1 & TCA 2 - \$295 ABC Member \$550 Non Member \$800

CSST-Construction Site Safety Technician

ABC/TCA Member \$1,000 Non ABC/TCA \$1,200

NCCER Crew Leadership

TCA/ABC Member \$250 Non ABC/TCA \$300

Contractor Authorized Representatives Signature: _____

Invoice My Company Student Must Pay

Authorized Rep Signature _____

Print Name _____

Check # _____ MO # _____

CC Cash Receipt# _____ Initials _____

Total amount paid _____ Date _____

College or CMEF Representative signature _____