

# CROSS CONNECTION CONTROL SPECIALIST COURSE

Oregon Health Division Approved

**PREREGISTRATION IS REQUIRED!!**

ATTENTION!! To avoid a \$15  
billing charge please MAKE SURE  
THAT THIS FORM DOES NOT  
BECOME SEPARATED FROM YOUR  
PAYMENT.  
Thank you!

COURSE: XWET-C004-01 Specialist Certification (3.2 CEUs)

DATES: December 4-7, 2017

TIME: 8:00 a.m. to 4:50 p.m.

LOCATION: Clackamas Community College – Room T150 ~19600 S. Molalla Avenue  
Oregon City, Oregon

COST: \$375.00 **Please Note: There is a \$15 service charge for purchase orders.**  
(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested **PRIOR** to the beginning of the class.)

**To register online with credit card:**

1. Go to:  
<https://webadvise.clackamas.edu/WA32PROD/WebAdvisor?TOKENIDX=5463356084&type=M&constituency=WBCE&pid=COR E-WBCE>
2. Click on *Search for Classes/Workshops*
3. At *Course Code Number (example, SBM-008-05)* type **XWET**
4. Select the class by click the check box next to the course number
5. Click the **SUBMIT** button at the bottom of page
6. Complete registration (requires credit or debit card payment)

*If you have any issues with this process please contact Naomi at 503-594-3345.*



## QUICK ENTRY REGISTRATION

Term: FALL 2017

Birthdate (**REQUIRED**) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Mailing address \_\_\_\_\_  
*Street*
*City*
*State*
*County*
*ZIP*

Telephone \_\_\_\_\_  
*Home*
*Cell*
*Work*

CRS. Reg #	SECTION NO.	COURSE TITLE	CREDITS/ CEU	TIME	M	T	W	TH	F	S	ROOM	START DATE	CRS. FEE
277605	XWET-C004-41	4-DAY CROSS CONNECT SPECIALIST	3.2	8AM - 4:50 PM						X	T150	12/4	\$375