**8/22/19 1:46 PM PA Department of Corrections Training Academy** Rev. 8/19

**COURSE REGISTRATION FORM**

Course nominations close 4 weeks before the course start date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COURSE CODE: |  |  | COURSE DATE(S): |  |
| SESSION CODE: |  |  | TRAINING SITE: | T |

**Please list all nominees in priority order.** Gender is required for lodging.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTION** CODE **(see key)** | **EMPLOYEE NAME** LAST / FIRST **(Please use spelling desired by employee for certificate.)** | CLASSIFICATION CODE NUMBER(County–enter job title) | # OF WEEKS (BT Only) | **GENDER** M/F | **LODGING** | **CHECK-IN DATE** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**ACTION CODE:** A= ADD, D= DELETE

***RETURN THIS FORM VIA:***

🖨

🖰

|  |  |
| --- | --- |
| **EMAIL:** [ra-traregistration@pa.gov](mailto:ra-traregistration@pa.gov) | **FAX:** 717-367-5858 |
| **MAIL:** DOC Training Academy, 1451 North Market Street, Elizabethtown, PA 17022 | |

|  |  |
| --- | --- |
| **SUBMITTED BY:**  **EMAIL ADDRESS:**  **PHONE #:** | **FACILITY:**  **DATE:** |

🕿

**ANY QUESTIONS REGARDING THIS FORM? CALL:** Academic Services Unit at 717-361-4348.