

New York State PHCC & PHCC Educational Foundation **E-Learning Apprenticeship Program** ENROLLMENT FORM Tel: 1 (800) 523-5505

Applicant Information:

Name:				
Address:				
City:		State:		Zip:
Phone:	Fax:		_E-mail*:	
		* Student email	l address is requ	uired and will be used as your login.
Employer Information:	PHCC Member?	O Yes O No	Member #	
Company:	Supervisor:			
Mailing Address:				
City:		State:		Zip:
Phone:	Fax:		_ E-mail:	
Tuition (includes books wh	•		ss you provide):	
Apprentice if already registe	ered with the DOL			
<u>Course:</u> Plumbing <u>N</u>	<u>(ear:</u> ☐ 101 ☐ 201 ☐ 301 ☐ 401	Student has 12 m	onths to complet t completed in tir	fees are non-refundable. te this course. ne or dropped at any point there will

Payment: Tuition must be prepaid. Please contact April McIver or Carmen Mateo at 800-523-5505 if assistance is needed.

Check or money order enclosed, payable to New York State PHCC

Pay by Credit Card (an invoice that you can pay online with a CC will be sent to the email you provide)

Please return the completed order form to:

NYSPHCC	or	Emai
PO Box 8013		april
New York, NY 10116		carm

il: @nysphcc.org nen@nysphcc.org