

**PRIVACY POLICY:** THE INFORMATION REQUESTED ON THIS FORM WILL BE USED FOR REGISTRATION AND TRAINING GRANT PURPOSES ONLY.

**(Please Print all Entries Legibly)**

NAME OF COURSE \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(LAST 4 DIGITS)

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
STREET ADDRESS/PO BOX

CITY STATE COUNTY ZIP

PREFERRED PHONE ( ) \_\_\_\_\_ OTHER PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

The following items are requested by the State of Illinois for the purpose of determining the extent to which our programs serve our community. This information will not affect the awarding of Continuing Education Unit (CEU) credits. Please check the appropriate answers.

**RACIAL GROUPS**

- Are you Hispanic or Latino? (OR, Are you of Spanish origin?)  Yes – Hispanic or Latino  No – Hispanic or Latino
- Are you from one or more of the following racial groups?  
Select ALL that apply.
 

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Choose Not to Respond	<input type="checkbox"/> White
	<input type="checkbox"/> Choose Not to Respond
- Select ONE primary group.

**HIGHEST DEGREE EARNED** (Select ONE.)

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Doctoral Degree         | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Some College        | <input type="checkbox"/> None  |
| <input type="checkbox"/> 1st Professional Degree | <input type="checkbox"/> Associate Degree  | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Master's Degree         | <input type="checkbox"/> Certificate       | <input type="checkbox"/> GED                 |                                |

**GENDER**

- Male  Female

*Thank You!*