

## COMPREHENSIVE PUBLIC TRAINING PROGRAM CLASS REGISTRATION FORM

AGENCY CODE
ORGANIZATION I.D.

Course Title: \_\_\_\_\_

Location City	<b>DATE</b>	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
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**NOTE:** We will attempt to comply with your first choice in scheduling this class; however, since the classes are filled on a first come, first served basis, you may be scheduled for either date requested. You will receive confirmation approximately three weeks prior to your scheduled date. To check the status of your application, call your agency coordinator or the CPTP office, Division of Administration, at 225-342-4739.

### PARTICIPANT INFORMATION

Name		Employee No. or SSN:	
Department/Agency/Office			
Work Address, City, State		Job Title	
Home Address, City, State, Zip Code		Are you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone No. (    ) -	Fax No. (    ) -	Birth Date	Parish of Residence
E-Mail Address (if applicable)			

<b>Supervisory Group for Civil Service Mandatory Training, if applicable:</b>	<input type="checkbox"/> Supervisory Group 1	<input type="checkbox"/> Supervisory Group 2	<input type="checkbox"/> Supervisory Group 3
<b>Accommodation Needed (ADA)</b>	If yes, please indicate what is needed: <input type="checkbox"/> No <input type="checkbox"/> Yes		

The following information is used to compile equal opportunity reports. You are not legally obligated to provide this information.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other		

<b>Highest Level of Education Completed</b>	<input type="checkbox"/> Diploma/Some college/Tech. School	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate courses/graduate degree
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### APPROVAL SIGNATURES

**NOTICE TO AGENCIES:**

The Management Development classes are designed for managerial/supervisory personnel. CPTP considers agency approval to be authorization for the participant to travel to the city where the requested class will be held.

Applicant	Date
Supervisor	Date
Agency Approval	Date
Agency CPTP Coordinator	Date

Return the completed form to your Agency CPTP Coordinator: \_\_\_\_\_

Address and City: \_\_\_\_\_

Phone and Fax Numbers: \_\_\_\_\_