

**Kilgore College Course Registration Form for Continuing Education**  
**KILGORE COLLEGE RISK MANAGEMENT INSTITUTE WORKFORCE**  
**DEVELOPMENT**  
**REGISTRATION FORM**

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Assigned by Kilgore College)

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE EMAIL FORM TO [RMI@KILGORE.EDU](mailto:RMI@KILGORE.EDU)**

*Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:*

1. Are you Hispanic or Latino? (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?)  
\_\_\_\_ Yes \_\_\_\_ No
2. Please select the racial or other category or categories with which you most closely identify. Check as many as apply:  
\_\_\_\_ White  
\_\_\_\_ Black or African American  
\_\_\_\_ Asian  
\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_ International or Non-Resident  
\_\_\_\_ Native Hawaiian or Other Pacific Islander

Course Name	Date of Course	Time of Course
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**ALL CPR ARE HELD AT INNOVATIVE HEALTHCARE SOLUTIONS**  
**501 PINE TREE RD SUITE G-5, LONGVIEW, TX 75604**