| | Continuing Education Registrat | | | | Center for Risk Management | | | |
|---|--------------------------------|--|-----------------|-------------------|---|---|-----|--|
| College of the Mainland. | | | | ration | La Ma | 320 Delany Road La Marque TX 77568 Phone: #: 409-933-8365 | | |
| Name (Last | | First | Mic | ddle Initial) E | Initial) E-mail: riskmanagement@com.edu | | | |
| CHECK ONE: 1. Do you consider yourself to be Hispanic/Latino? | Mailing Address | | City | | | State | | |
| Yes No | Zip Student ID # or SS # | | Date of Bi | irth Sex | Home Pl | none | | |
| 2. In addition, please select one or more of the following racial categories to describe yourself: American Indian or Alaskan Native Asian | Business/C | Cell Phone | E-Mail Address | | | | | |
| Black or African American Native Hawaiian or Pacific Islander White | | tify that I AM AM NOT sident of College of the Mainland I anta Fe, (including Algoa, Arcadia | District, you r | nust reside in on | Marque and Dickins | chool distr | | |
| Course # | 0 | Course Name | | Instructor | Date | Cost | CEQ | |
| SAFE-1208-OSHT-1071-111HY | | Improving "Total Worker Health | | C. Lewis | 7/16/2021 | No-Cost | 421 | |
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