



WORKFORCE TRAINING & COMMUNITY EDUCATION  
**NORTH IDAHO COLLEGE**

**Plumbing Apprenticeship Program Registration**  
 For School Year 2015-2016

Greetings from the Workforce Training Center:

Enclosed is registration information for the 2015-2016 plumbing apprenticeship program at the North Idaho College Workforce Training Center. Please review this letter, complete the registration information, and submit with payment. Registration begins July 1.

**Classes Start:** Classes start at **8:00 a.m. on Saturday, September 12<sup>th</sup>** for 1<sup>st</sup> year students.  
 Classes start at **8:00 a.m. on Saturday, September 26<sup>th</sup>** for 2<sup>nd</sup> year students.  
 Classes start at **6:00 p.m. on Wednesday, September 9<sup>th</sup>** for 3<sup>rd</sup> year students.  
 Classes start at **8:00 a.m. on Saturday, September 12<sup>th</sup>** for 4<sup>th</sup> year students.

**Please Note:** All years will be taught as “hybrid” classes, part online and part classroom. The online portion will utilize NCCER curriculum. Students will be required to attend classes at the Workforce Training Center for labs and exams. Orientation to the online classroom will be held at the WTC on the dates above. **Students will need an email address and access to a computer and the internet to complete the course.**

**Tuition:** Tuition includes the equivalent of 160 hours of instruction, books, and materials which will be distributed the first day of class. Full payment must be received before a registration can be accepted, unless enrolling in the payment plan.

Plumbing Apprenticeship

1 <sup>st</sup> year	\$1,350
2 <sup>nd</sup> year	\$1,195
3 <sup>rd</sup> year	\$1,150
4 <sup>th</sup> year	\$1,150

**Late Registration Fee**

A \$50 late fee takes effect Monday, August 17 for returning students.

**How to Register:**

**By Mail:** Complete the registration form, attach a check or money order made out to NIC, or include a credit card number and mail to: Workforce Training Center, Apprenticeship Registration, 525 W Clearwater Loop, Post Falls, ID 83854

**In Person:** At the Workforce Training Center (see address above).

**Using VISA or MasterCard:**

**By Phone:** Call **(208) 769-3333** to pay.

**By Fax:** Fax the completed form to **(208) 769-3223**.

**By Email:** Scan the registration form and email it to [mmschnell@nic.edu](mailto:mmschnell@nic.edu)

**Payment Plan:** Please see the enclosed information on the payment plan.

Payment plans can be combined with a scholarship.

**Scholarships:** Scholarship funding is limited, apply early.

**Veterans:** May be eligible for GI Bill funding. Contact Veterans Coordinator Kecia Siegel at (208) 769-3281.

**Refunds:** A refund, less a \$50 processing fee, will be issued for cancellations **prior** to the first day of class.

For more information, please call Peggy at (208) 769-7735.

We look forward to seeing you in class!

*Peggy Schnell*, Coordinator for Apprenticeship

**NIC WORKFORCE TRAINING CENTER  
APPRENTICESHIP PROGRAM REGISTRATION FORM 2015-2016**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

**Plumbing**

- |   |         |
|---|---------|
| <input type="checkbox"/> 1 <sup>st</sup> Year Student | \$1,350 |
| <input type="checkbox"/> 2 <sup>nd</sup> Year Student | \$1,195 |
| <input type="checkbox"/> 3 <sup>rd</sup> Year Student | \$1,150 |
| <input type="checkbox"/> 4 <sup>th</sup> Year Student | \$1,150 |



Address \_\_\_\_\_ Date \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Last 4 digits of Social Security number \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Apprentice # (Idaho) \_\_\_\_\_ (Wash.) \_\_\_\_\_

Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's City \_\_\_\_\_

Employer's Email Address \_\_\_\_\_

***PAYMENT MUST ACCOMPANY THIS FORM (Unless using the payment plan)***

Cash     Check     Credit Card     P.O.     Payment Plan     Scholarship

Name of person/company paying tuition \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Signature \_\_\_\_\_