

North Carolina Accounting System Training

Student Registration Form

Office of the State Controller

Raleigh, NC

This form must be signed by your supervisor and/or the Training Coordinator. Complete form in its entirety. Incomplete forms will delay processing.

TRAINEE INFORMATION:

	First	MI	Last
Name:			
Email:			
Job Title/Position			
Length of time in Position:			

AGENCY INFORMATION:

Agency:		Department:	
Area Code/Phone #:		Area Code/Fax #:	

COURSE INFORMATION: You will be notified of the **FIRST AVAILABLE** class. Sending this form **DOES NOT** guarantee you a seat in the class. Effective April 1, 2009, the OSC is no longer offering CPE accreditation for NCAS classes. Certificates of Completion will be provided.

Number/Course Title:	
Number/Course Title:	

List your current relevant job duties:

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Supervisors Signature:		Date:	
Training Coordinator's Signature:		Date:	

Fax completed form to: 919-875-3843

*If you have questions, contact the OSC/NCAS Training Coordinator at:
(919) 707-0648 or (919) 707-0795*