# **Certificate Programs**

### **INFORMATION**

A certificate or achievement program is a set of courses that provides you with skills to begin a career, advance in a current position, or attain professional growth.

## **■** Benefits

As a student in a certificate program, you will obtain training to give you advantages in the job market. Including certificate and achievement program information on your résumé enhances your ability to gain new employment or to increase your chances for promotion.

### **■** Prerequisites

You must be able to read and write English and be at least 18 years old. A high school diploma is not required; however, you are strongly urged to acquire one (see page 51).

### ■ How to Register

Complete the Registration Form on page 63 for courses you wish to attend this term. To create a permanent record, return the Certificate & Achievement Program Registration Form with \$50 payment. Fee is non-refundable. Class records are retained once this fee is paid.

For advice regarding which program best suits your needs, contact the ACE educational counselor at 703-658-2709.

# **CERTIFICATE PROGRAM TEST-OUTS**

Test out of some courses if you feel qualified. Please contact the program specialist for your certificate program for test out opportunities.

# CERTIFICATE PROGRAM E-MAIL ADDRESS

- business@fcps.edu
  - Accounting Assistant, Administrative Assistant, and Human Resources Management
- comptraining@fcps.edu Computer Support Technician and Web Developer
- healthmed@fcps.edu

Dental Assistant, Home Health Care Aide, Medical Administrative Assistant, Medical Assistant, Medical Insurance Biller, and Veterinary Assistant

■ tradeandindustry@fcps.edu
Property Maintenance Technician

# CERTIFICATE PROGRAM REGISTRATION FORM

Want to register for a class? See page 55.

ACE PARTICIPANT ID NUMBER		□ male	☐ female	☐ Check if change of address
FIRST NAME	MI	LAST NAME		
STREET ADDRESS			AF	PT #
CITY	STATE		ZI	P CODE
HOME PHONE	BUSINESS PHONE	E-MAIL ADDRESS		
CLass records are retain		•		
PAYMENT METHOD (check on	e): 🔲 MasterCard	☐ VISA	☐ Check	
	-	_		_
CARD NUMBER				
CARDHOLDER'S SIGNATURE				EXPIRATION DATE (MONTH, YEAR)
PLEASE PRINT CARDHOLDER'S NAME CLEARLY	(AS IT APPEARS ON CARD)			
CARDHOLDER'S ADDRESS/PHONE NUMBER (IF	DIFFERENT FROM ABOVE)			

# **Enroll me in the following program:**

## **CERTIFICATE PROGRAMS**

☐ CE01000	Accounting Assistant   4	☐ CE01004	Medical Administrative Assistant   20
☐ CE01016	Administrative Assistant   4		•
☐ CE02000	Computer Support Technician   8	☐ CE01002	Medical Assistant   20
		☐ CE01020	Medical Insurance Biller   20
☐ CE01022	Dental Assistant   20	☐ CE01006	Property Maintenance
☐ CE01005	Home Health Care Aide   20		Technician   29
☐ CE01018	Human Dasaurasa	☐ CE01050	Veterinary Assistant   20
	Human Resources Management   6	☐ CE02020	Web Designer/Developer   8



NOTE: If you do not see your certificate program listed it may be under review. Please call 703-658-1244 as soon as possible as you will need to complete your program this fall! Thank you for your understanding.