**4/29/24 2:28 PM PA Department of Corrections Training Academy** Rev. 8/19

 **COURSE REGISTRATION FORM**

 Course nominations close 4 weeks before the course start date.

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| COURSE CODE: |  |  | COURSE DATE(S): |  |
| SESSION CODE: |  |  | TRAINING SITE: | T |

**Please list all nominees in priority order.** Gender is required for lodging.

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| **ACTION**CODE**(see key)** | **EMPLOYEE NAME**LAST / FIRST**(Please use spelling desired by employee for certificate.)** | CLASSIFICATION CODE NUMBER(County–enter job title) | # OF WEEKS (BT Only) | **GENDER**M/F | **LODGING** | **CHECK-IN DATE** |
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**ACTION CODE:** A= ADD, D= DELETE

***RETURN THIS FORM VIA:***

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| **EMAIL:** ra-traregistration@pa.gov | **FAX:** 717-367-5858 |
| **MAIL:** DOC Training Academy, 1451 North Market Street, Elizabethtown, PA 17022 |

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| **SUBMITTED BY:**                      **EMAIL ADDRESS:**                      **PHONE #:**                      | **FACILITY:**                     **DATE:**                      |

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 **ANY QUESTIONS REGARDING THIS FORM? CALL:** Academic Services Unit at 717-361-4348.