

CANDIDATE APPLICATION

HS University
P.O. Box 2482
Cordova, TN 38088-2482
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Fax to (901) 748-0297

Date of Application: _____

Student Information:

SSN ID: _____/_____/_____ (SSN or System designated Student ID. For transcripts a SSN must be provided.)
Last Name : _____ First Name: _____ MI: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____
Email Address: _____
Area Code and Phone Number: _____
Fax Number: _____

Program/Agency Information:

Sponsoring Agency: _____
Supervisor/Manager: _____
Agency Address: _____
City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____
Fax Number: _____

Credential Type: Administrative Credential Supervisor Credential Management License

Modality: Campus/Conference/Workshop Online

Program Area: ERSEA Health Family (PFCE) Education Disabilities

Program Enrollment Fee: \$485.00 per person

Training Information:

Course Date: _____

Course Location: _____

Course/Conference Name: _____

Course Cost: _____ Payment Method: Check Credit Card PO

Credit Card No: _____ Expiration Date: _____

CSV: _____ (3 digit ID on back of card)

Signature: _____ Date: _____