

Virginia Department of Education

Manufacturing Technician Level 1 Trainer Certification Course Registration Form

1st Choice Session Date: _____ 2nd Choice Session Date: _____

Participant's Name:

First Name: _____ Last Name: _____ Title: _____

School Division: _____ School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Professional Background (please check all that apply):

____ Technology Education Teacher

- Manufacturing Systems
- PLTW Computer Integrated Manufacturing

____ Trade and Industrial Education Teacher

- Precision Machining
- Industrial Robotics
- Industrial Maintenance

____ Industry Experience (_____)

Specify

Cancellation:

Should a conflict arise after receiving confirmation of your 1st choice session date, contact the Office of Career, Technical, and Adult Education. If an alternate date is not suitable, then cancellation must be made at least 10 days prior to the MT1 Certification Course session start date.

Signature: _____ Date: _____

Submit Registration to:

Virginia Department of Education, Office of Career, Technical, and Adult Education, at
cte@doe.virginia.gov or fax to (804) 530-4560.

Note: Registration must be received at least three weeks prior to the 1st Choice Session Date.