



# Application for Registration of Continuing Education Units



Omega Performance Corporation has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102.

Note: For use by participants who have successfully completed an Omega Performance Corp. training program that is approved for the award of Continuing Education Units (CEUs). To qualify, you must have met all the criteria for successful completion as listed in the "Important Information for Participants" document for this program, and you must have *begun* your study of the program *no earlier than* November 17, 2003. Log on at [www.omega-performance.com](http://www.omega-performance.com) and click the "Library" and "Earn CEUs" links to determine whether your course is approved for CEUs. Registering your CEUs will create a permanent lifetime record of your CEUs for this course at the American Council on Education (ACE) CEU Transcript Service.

Questions about this form or the CEU registration process? See our website or contact Omega Performance Corp. at 704-672-1400.

## Applicant Information (Please PRINT. Abbreviate as needed to fit the number of cells available.)

Last name										First name										Course Number (see Important Information for Participants)									
																				O P C F 0 0 1									
Mailing address (number and street, or P.O. box)																				City									
State/Prov		Zip code				Social Security number/ID number						Date of birth (mm/dd/yyyy)						Sex M/F											
Your daytime phone number (in case we need additional information)															(Optional) E-mail address, if you would like to hear about other Omega programs														

## Course Information

Course name: \_\_\_\_\_ Bank or company name: \_\_\_\_\_

Date started: \_\_\_\_\_ Date completed: \_\_\_\_\_ Would you like a Certificate of Completion? Yes\_\_\_ No\_\_\_

Print the name and phone number of your facilitator, course mentor, or course administrator (not required for online courses):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

I certify that the applicant has met the criteria for successful completion of the above-named course as shown on the Important Information for Participants found on Omega's website.

X \_\_\_\_\_  
Applicant's signature

X \_\_\_\_\_  
Signature of course facilitator, mentor, or administrator (not required for online courses)

Give this form with your check or money order for the processing fee of \$10.00, payable to Omega Performance Corp., to your workshop leader, or send it directly to:

Customer Accounts Group  
Omega Performance Corporation  
8701 Red Oak Blvd., Suite 450  
Charlotte, NC 28217-3972