CCR&R Individual & Group Self-Studies Request Form

Name: _____ **DTP/NED #:**_____

Address: _____

Home Phone #:_____ **Position:** FCCH Owner __, FCCH Staff__, Faculty __, Trainer__,

Place of Work: _____ Ctr. Teacher __, Ctr. T.A. __, Ctr. Asst. Dir.__, Ctr. Dir. __, Other__

Work Phone #:_____ **Primary Age Group:** Infant__, Toddler__, 2 yr. old__, Preschool__, S.A.__, None__

Date Picked-up /Mailed	**Bar Code**	**Title of Self-Study**	**Fee Paid** Cash/Check Ind. Subscr.	**Signature of Borrower**	**Staff** Initial	**Date Returned**	**Staff** Initial	DTP	Cert.

Individual Fee of $5 per Module, FY Subscription Fee $15 for Individual Only, Center/Association Fee of $10 per Module

Certificate of completion will be sent when module is returned to CCR&R with completed work. Please allow 2 weeks.
For more information or to request another Training Module please contact **Lisa** at **1-800-548-5563** or **618-985-5980 ext. 238.**

Make Check / Money Order payable to:
John A. Logan College

Mail completed Request Form and check to: **John A. Logan College/CCR&R**
700 Logan College Rd., Carterville, IL 62918