

2019 Student Registration - IEC Registry and ACE College Credit Submittal

First Name _____ Middle Initial _____ Last Name _____ (Required)

Mr./Mrs./Ms. _____ (Optional) Gender: _____ (Optional)

Social Security Number _____ (Required) Birth Date: ____/____/____ (Required)

Mailing Address _____ (Required)

City: _____ (Required) State: _____ (Required) Zip Code: _____ (Required)

Phone: _____ E-mail: _____ (MUST INCLUDE EMAIL)

WE CANNOT OFFER THIS SERVICE TO ANYONE WHOSE COMPLETION YEAR IS OLDER THAN 1992.

Course: IECI 0001 FIRST YEAR Electrical Apprenticeship - Electrical Construction Worker

Date Classroom Training Completed: ____/____/____ (Required)

Location Class Taken: _____ (Required)

Instructor Name: _____ (Required)

Final Grade Assigned for Classroom Training: _____ (Required)

Related On The Job Training Requirement Fulfilled: Yes _____ No _____ Hours _____ (Required)

First Year Apprenticeship Completion Certified by Chapter (Date): ____/____/____ (Required)

Chapter Representative Certifying Completion: _____ (Required)

Course: IECI 0002 SECOND YEAR Electrical Apprenticeship - Electrical Construction Worker

Date Classroom Training Completed: ____/____/____ (Required)

Location Class Taken: _____ (Required)

Instructor Name: _____ (Required)

Final Grade Assigned for Classroom Training: _____ (Required)

Related On The Job Training Requirement Fulfilled: Yes _____ No _____ Hours _____ (Required)

Second Year Apprenticeship Completion Certified by Chapter (Date): ____/____/____ (Required)

Chapter Representative Certifying Completion: _____ (Required)

Course: IECI 0003 **THIRD YEAR Electrical Apprenticeship - Electrical Construction Worker**

Date Classroom Training Completed: _____ / _____ / _____ (Required)

Location Class Taken: _____ (Required)

Instructor Name: _____ (Required)

Final Grade Assigned for Classroom Training: _____ (Required)

Related On The Job Training Requirement Fulfilled: Yes _____ No _____ Hours _____ (Required)

Third Year Apprenticeship Completion Certified by Chapter (Date): ____ / ____ / ____ (Required)

Chapter Representative Certifying Completion: _____ (Required)

Course: IECI 0004 **FOURTH YEAR Electrical Apprenticeship - Electrical Construction Worker**

Date Classroom Training Completed: _____ / _____ / _____ (Required)

Location Class Taken: _____ (Required)

Instructor Name: _____ (Required)

Final Grade Assigned for Classroom Training: _____ (Required)

Related On The Job Training Requirement Fulfilled: Yes _____ No _____ Hours _____ (Required)

Fourth Year Apprenticeship Completion Certified by Chapter (Date): ____ / ____ / ____ (Required)

Chapter Representative Certifying Completion: _____ (Required)

Certification of Accuracy by Chapter Representative:

I hereby certify that to the best of my knowledge the facts represented on this form are accurate.

Signed: _____

Chapter: _____

Date: _____

Mail to: **Apprenticeship College Credit
Independent Electrical Contractors, Inc.
4401 Ford Avenue, Suite 1100
Alexandria, VA 22302**

703-549-7351 www.ieci.org

Please submit with completed Participant Form and a check for \$65.00 made out to IEC National.