



Academy Registration Form

Office of Learning and Development

Department of Administration

1 Capitol Hill

Providence, RI 02903

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Name: _____ **Course Start Date:** _____

Agency: _____ **Academy Title:** _____

Email: _____ **Phone:** _____

Address: _____

- Registration:**
- Participants can only take one academy at a time.
 - Applicants must complete this registration form and CS365 (if Incentive Credit is requested).
 - Participants will be selected from various agencies on a first come, first serve basis.
 - Participants must be available to attend all scheduled sessions.

Course Completion: Participants must complete all sessions in the academy to earn their certificate of completion. This course has been approved for incentive credit for eligible employees. All incentive rules apply and completed CS365 forms must be received in advance.

Supervisor's Name: _____

Supervisor's Signature: _____

Registration Fee: Participants must pay a \$100 non-refundable registration fee. Payment must be enclosed with this registration. A seat in the class will not be reserved for you if payment is not enclosed.

Payment can be in made in two ways:

Check: Make check payable to General Treasurer, State of Rhode Island and mail to: Office of Learning and Development, Rhode Island Department of Administration, One Capitol Hill, Providence, RI 02908-5867.

Journal Entry: Internal charge paid by participants' Agency Finance Office to the Department of Administration. The State Agency's Finance Office should prepare a RIFANS Journal Entry debiting the agency's appropriation account (please use natural account 633100) and crediting account 00.10.068.8301763.00.210010.00000. The Journal entry category should be "Allocation".

Signature _____ Date _____

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