

VIRGINIA RISK CONTROL INSTITUTE

Application for Enrollment

To register: Complete form and fax to 804-786-8838 or e-mail to karen.adams@trs.virginia.gov.

I would like to apply for acceptance into the VRCI Fall, 2019 section. I understand that I am expected to **attend all eight days** as listed below.

_____ RM-2: Insurance Law
August 13 and 14 (Richmond)
September 10 and 11 (remote)
October 22 and 23 (remote)
November 12 and 13 (Richmond)

Applicant's Name: _____

Job Title: _____ Work Phone: _____

Fax: _____ Email Address: _____

Agency: _____

Mail Address: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5+
If you did not complete high school, do you have an earned high school equivalency diploma (GED)?

____ Yes ____ No

Number of employees in the agency or division for whom you are responsible for safety, workers' compensation, and/or risk management? _____

Percentage of time spent involved with safety? _____ % workers' compensation _____ %, risk management _____ %

Is your agency/institution insured by the Division of Risk Management? Yes No

If so, what insurance does your organization buy from DHRM/OWC or TRS/DRM?

Briefly state how you and your agency/local government will benefit from this class:

I understand that I cannot miss any classes and that this is a college level class requiring considerable personal study and project time.

Applicant's Signature _____ Date _____

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisor's Signature _____ Date _____

Supervisor's Name (please print) _____

Supervisor's email address _____