

VIRGINIA RISK CONTROL INSTITUTE

Application for Enrollment

To register: Complete form and fax to 804-786-8840 or e-mail to pam.goetz@dhrm.virginia.gov.

I would like to apply for acceptance into the VRCI Spring, 2017 section. I understand that I am expected to attend all eight days as listed below.

_____ RC-3: System Management Safety
February 7 and 8 (Richmond); March 15 and 16 (remote); April 12 and 13 (remote); May 10 and 11 (Richmond)

_____ RM-2: Insurance Law
February 21 and 22 (Richmond); March 21 and 22 (remote); April 11 and 12 (remote); May 16 and 17 (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 DHRM's Workers' Compensation Services? Yes No

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 _____