

# NATIONAL CENTER FOR CREDIBILITY ASSESSMENT CONTINUING EDUCATION COURSE ENROLLMENT

CLICK AN E-MAIL LINK BELOW TO SUBMIT THIS FORM TO THE CONTINUING EDUCATION OFFICE

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National Center for Credibility Assessment  
ATTN: Continuing Education  
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(803) 751-9134, or DSN 734-9134, FAX (803) 751-9137 or (803) 751-9125

**Privacy Act Statement** Authority: 10 USC 3012 (5 USC 552a)

**Principle Purposes:** The purpose of soliciting this information is to provide the National Center for Credibility Assessment (NCCA) a basis for determining whether you meet the minimum requirements for selection and training by the NCCA.

**Routine Uses:** Any information you provide is disclosed to members of the NCCA who have a need for the information in performance of duties. In addition, the information may be disclosed to government agencies outside the National Center or individuals as authorized by law or regulation.

**Disclosure Mandatory or Voluntary:** Disclosure is voluntary. However, failure to provide the information could result in the NCCA not accepting your application for training.

COURSE TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

AGENCY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

DUTY POSITION: \_\_\_\_\_

MOS or JOB SERIES: \_\_\_\_\_ GRADE: \_\_\_\_\_

CURRENT CLEARANCE LEVEL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DESIRED COURSE DATE: \_\_\_\_\_