



Office use only
Rec'd _____
VESi _____ MB _____

Professional Development
VESi Online Registration Form
9/1/2024 – 8/31/2025

*Indicates required field

*Present Date: _____ (mo.) (day) (year) *Social Security Number: _____ Last Four XXX-XX-__ __ __ __

*Name: _____ (last) (first) (middle) *Phone: (_____) _____ (area code)

Other names under which you have registered: _____

*Home Address: _____ (number & street) (city) (state) (zip) (county)
 check if new address

*Date of Birth: _____ (mo.) (day) (year) *Gender: male female *E-mail: _____

Place of Employment: _____ (District) (School) Work Phone: (_____) _____ (area code)

In order for the University to respond to required state and federal questionnaires, you are asked to assist us, on a voluntary basis, by selecting the most appropriate description of your race and ethnicity.

- Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Race: American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White/Caucasian
- *I have at least a bachelor's degree yes no
- *I have a valid teaching certificate/license yes no

Course Title _____

30 PLHs \$195.00 45 PLHs \$220.00

REGISTRATION AND PAYMENT ARE NON-REFUNDABLE
Course must be completed within 6 months of purchase date to receive a Certificate of Completion

Method of Payment payable to ESC: Check # _____
 Purchase Order ISSUER and # _____

Student Signature _____

Please return completed registration form and payment to:
ESC of Northeast Ohio
ATTN: Roni
6393 Oak Tree Blvd * Independence, OH * 44131
For questions please contact Roni Stampel at roni.stampel@escneo.org