



These ASHE programs (HCC Workshop and CHC Exam Review) are being hosted by Associated Construction Contractors of New Jersey. Pricing, registration, and coordination are determined by ACCNJ. However, **ACCNJ is able to offer these courses at NO CHARGE** to attendees that work for New Jersey employers. The programs are offered to anyone on your company's payroll. **Each participant must complete a form and return to ACCNJ no later than 14 days prior to the start of a class.** Registrations for these programs are not transferable to other ASHE courses. *All information requested is required. Funding for the program is through the New Jersey Department of Labor & Workforce Development.*

PART I – EMPLOYER INFORMATION: WE ONLY NEED THIS FORM ONCE NO MATTER HOW MANY EMPLOYEES FROM YOUR COMPANY REGISTER FOR THE COURSES.

Employer: _____

FEIN #: _____

NAICS Code(s): _____

Number of Employees at main location: _____

Number of Employees companywide: _____

Turnover Rate: _____ % _____ yr.

Years in Business: _____

Address: _____

City, State, Zip Code: _____

Contact Person: _____

Work Phone: _____

Email Address: _____

The following statement is in accordance with the Skills Partnership Grant. Please read carefully and sign: The purpose of the SPG training grant program is to benefit both employees and businesses by providing employers with training funds to be used to upgrade the skills of their current employees and/or train new employees; thereby, increasing the employer's productivity and their competitiveness. This investment by the state is expected to result in the creation of new jobs, the retention of jobs and/or an increase in wages for the trained workers. ACCNJ serves as the grant recipient for the purpose of receiving training funds for this grant.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM (only one copy of the employer form is required) AND PART II TO ACCNJ: JSCHIFF@ACCNJ.ORG OR FAX 732-225-3105 (email us to confirm fax received). **Questions? 732-225-2265**



PART II – EMPLOYEE INFORMATION (All information required unless otherwise noted. You will receive a confirmation email when the form is received and a week prior to the program.) EACH PARTICIPANT MUST COMPLETE THIS FORM.

Legal Name: _____
Last First Middle

Employer: _____

Job Title: _____

Home Address: _____

Cell Phone (optional): _____

Email Address: _____

- Courses:** _____ **Health Care Construction (HCC) Certificate Workshop (value: \$695)**
March 27 & 28, 2019 (day 1: 8am-5pm / day 2: 7:45am-4pm)
_____ **Certified Healthcare Constructor (CHC) Exam Review Program (value: \$150)**
March 29, 2019

Location: **ACCNJ Offices, Edison, NJ** (a light breakfast, lunch and course materials will be provided)

Hourly Wage Code: A=\$10 or less B=\$11-\$15 C=\$16-\$20 D=\$21-\$25 E=\$25 and up

Last 4 digits of SSN OR Date of Birth: _____

Signature: _____ Date: _____

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