TACOMA COMMUNITY COLLEGE

CERTIFICATE APPLICATION

PRINT NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE
(Only name that is listed in ctclink may be used.)

I am applying for the following certificate(s) for the _____ **Quarter,** CtcLink ID (Required) _____ :
(Quarter completed)

ACCOUNTING
- ☐ Accounting Office Associate
- ☐ Assistant Bookkeeping Clerk
- ☐ Bookkeeping Systems
- ☐ Computerized Accounting
- ☐ Tax Preparation

BUSINESS 20
- ☐ Customer Service
- ☐ Marketing
- ☐ Management
- ☐ Entrepreneurship
- ☐ Global Transportation & Secure Logistics
- ☐ Human Resource Specialist

EARLY CHILDHOOD EDUCATION
- ☐ ECE- Initial
- ☐ ECE- Short Certificate of Specialization
- ☐ ECE- Emphasis Children with Exceptionalities

HUMAN SERVICES
- ☐ Human Services Case Aide
- ☐ Chemical Dependency

HEALTH
- ☐ Medical Billing Specialist
- ☐ Medical Scribe
- ☐ e-HIM
- ☐ Emergency Medical Technician
- ☐ Paramedic
- ☐ Nursing Assistant

NETWORK & CYBER SECURITY
- ☐ Help Desk
- ☐ Technical Support
- ☐ Cyber Security
- ☐ Database Management
- ☐ Network Support
- ☐ Application Support Specialist
- ☐ e-HIM

PARALEGAL
- ☐ Limited License Legal Technician (LLLT)
- ☐ Paralegal Preferred Pro

MISC / OTHER
- ☐ American Ethnic & Gender Studies
- ☐ Other:_____

HIGH SCHOOL
- ☐ HS+
- ☐ High School Completion

INVISTA
- ☐ Supervision & Management
- ☐ Tribal Enterprise & Gaming Management
- ☐ Other:_____

I understand that the final responsibility for ensuring that I have met all of the certificate requirements rests with me.

_____   _____
Date   Student Signature (Required)

I have reviewed this student's records and find him/her qualified for the above certificate(s).

_____   _____   _____
Date   Signature of Program Chair (Required)   Program Chair (Print name)

Comments:_____

PLEASE NOTE: Submit completed certificate application to the Enrollment Services Office in building 7.

We would love to hear from you! Please tell us about your TCC experience by scanning this QR code and completing a short survey.

certificate mailed: