MCIC ONLINE SAFETY UNIVERSITY
FAQs & REGISTRATION FORM

WHO IS ELIGIBLE?
Any employee sponsored by a contributing contractor to the Mechanical Contracting Industry Council is eligible to participate in this program.

HOW TO ENROLL?
Please complete the form and send it to the address provided. Once the form is received and all of the information is validated, the sponsoring company will be contacted to finish the registration process.

DOES EACH COURSE REQUIRE A COMPLETED FORM AND SPONSORING CONTRACTOR SIGNATURE?
Yes, each new class requires a completed MCICNJ form with a signature from the sponsoring contractor. There will be no reimbursement issued to companies that do not follow this procedure. Please call our office or check the websites provided for extra forms.

WHAT COURSES WILL BE OFFERED?
There are over 80 courses offered including OSHA 10 Construction, OSHA 30 Construction and Globally Harmonized System (GHS). For a detailed list of courses offered please visit www.mcanj.org or www.mcicnj.org. In addition, please feel free to contact the Education Director at ppetillo@mcanj.org

HOW TO GET TUITION REIMBURSEMENT?
All tuition and fees will be paid by the sponsoring contractor. Upon successful and timely completion of the class, the following of proper procedures as well as a proof of payment, the MCICNJ will reimburse 50% of the online class cost.

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ONLINE CLASS REGISTRATION FORM – PLEASE BE SURE TO FILL OUT THIS FORM COMPLETELY

Name:______________________________________________________________________________________________________

Present Position: ___________________________________________ How long? __________________________

Home Address: ________________________________________ City, State, Zip:_________________________________________

Course Selected (ONE FORM PER COURSE) ______________________________________________________________________

Work Phone: _______________________   Home Phone: ______________________ Cell Phone:____________________________

Employer:________________________________________ Street Address:______________________________________________

Employer’s City, State, Zip:__________________________________________ Employer’s Phone:____________________________

Approved By: (MUST BE APPROVED BY YOUR EMPLOYER AND SIGNED)

Signature:__________________________________________________ PRINT NAME:_____________________________________

Mail to: MCIC
         PO Box 390 – Springfield – New Jersey – 07081-0390
         Please call our office if you have any questions (973-912-0042)