



**Apprenticeship NH – Mentor Training Course  
Community College System of NH  
Course Registration**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please list the people you are currently mentoring:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Please email completed registration form to: [apprenticeshipusanh@ccsnh.edu](mailto:apprenticeshipusanh@ccsnh.edu)**