



**Bureau for Private Postsecondary Education**  
1747 N. Market Blvd. Ste 225 Sacramento, CA 95834  
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P (916) 574-8900 F (916) 263-1897 [www.bppe.ca.gov](http://www.bppe.ca.gov)



## APPLICATION WORKSHOP REGISTRATION FORM

Name:
Email Address:
Mailing Address:
Phone Number:
Name of School:
Specify Type of School: Degree <input type="checkbox"/> Vocational <input type="checkbox"/>
Specify Type of Programs: Leading to Licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>
Method of Instruction: Traditional Classroom <input type="checkbox"/> On-Line <input type="checkbox"/>
Requested Workshop 1 <sup>st</sup> Choice Date/Location: _____ 2 <sup>nd</sup> Choice Date/Location: _____ (if 1 <sup>st</sup> choice is full)
Projected Date to Submit Application:
The top three topics you want to learn more about: 1. 2. 3.

I understand the Bureau will be in contact with me to schedule an application workshop. Workshops will be held in Northern and Southern California monthly. Space is limited and will be filled based on date the registration has been received.

Send the Registration Form to:

BPPE  
Licensing Unit  
PO Box 980818  
West Sacramento, CA 95798

Or by email to: [bppe.licensing@dca.ca.gov](mailto:bppe.licensing@dca.ca.gov)