

Book Receipt Waiver

l,	, acknowledge that I am
(Print Name)	
not receiving my Course Manual 30 days in a being held on	
(Date of Course)	
at	
(Location of Course)	
I understand I am receiving my book course. (En	days prior to the ter Number)
I acknowledge it is my responsibility to read the course in order to be prepared to participate. certificate with contact hours but I will only recount COURSE ONLY) upon successful completion	I understand that I will receive a ceive a provider verification card (TNCC
Participant Signature	 Date
Course Director Signature	 Date