

# PROJECT SUPERVISION



## COURSE DESCRIPTION

Field supervisors play a major role in every construction company and every construction project. They are the frontline managers on the job, directly supervising workers and other field supervisors. They are both the engine and the anchor of the construction team, driving it toward effectiveness and efficiency, and stabilizing it with consistency and good judgment. To fill this role, field supervisors need more than experience in the field. They also need management skills in problem solving, planning, estimating, safety supervision, scheduling, controlling costs and resources, and, perhaps most important, managing people.

Project Supervision is a comprehensive, competency-based program that gives both veteran and new field managers a step-by-step approach to honing their natural abilities, developing essential skills, and generally improving their performance as leaders.

This 60 hour course covers 8 NCCER modules, including: Orientation to the Job; Human Relations and Problem Solving; Safety; Quality Control; Contract and Construction Documents; Document Control and Estimating; Planning and Scheduling and Resource Control and Cost Awareness

*Students who successfully fulfill the requirements of the Project Supervision course will receive a Certificate of Completion from CITC and NCCER.*

## COURSE INSTRUCTOR

**Mark Knudson** started in the trade in 1975 and became a CITC faculty member in 1998, earning the title of CITC Instructor of the Year in 1999 and 2008. Mark is an NCCER Subject Matter Expert and was named the 2008 AGC National Instructor of the Year.

## COURSE SCHEDULE

February 5, 2020-  
May 20, 2020

15 Class meetings  
Wednesday Evenings  
4:30PM to 8:30PM

## COURSE LOCATION

CITC Marysville  
3506 124th Street NE  
Marysville, WA 98271

## COURSE TUITION

Tuition for this course is \$1,075.

*Tuition includes the NCCER Project Supervision manual.*

**CITC Training Partners may receive a discount on tuition. See Enrollment Agreement for additional information.**



# CITC ENROLLMENT AGREEMENT

Construction Industry Training Council of Washington 1930 116th Ave. NE, Bellevue, WA 98004  
Phone: (425) 454-2482 Fax: (425) 462-7391

| SECTION 1: NEW AND RETURNING STUDENTS  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> New Student ( <i>New students must provide a valid Social Security Number</i> )<br><input type="checkbox"/> Returning Student   |  | Social Security Number ( <i>New Students Only</i> )  |   |
| <b>SECTION 2: STUDENT INFORMATION</b>  |  |  |   |
| STUDENT NAME   |  | DATE OF BIRTH  |   |
| STREET ADDRESS   |  | CITY   | STATE    ZIP  |
| EMAIL ADDRESS  |  | PHONE  | OK TO RECEIVE NOTIFICATIONS VIA TEXT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| GENDER ( <i>check one</i> )<br><input type="checkbox"/> Female <input type="checkbox"/> Male   | ARE YOU A MILITARY VETERAN? ( <i>check one</i> )<br><input type="checkbox"/> Yes <input type="checkbox"/> No | I WAS REFERRED BY<br><input type="checkbox"/> Employer <input type="checkbox"/> Other Student <input type="checkbox"/> Mailing <input type="checkbox"/> Other (specify): |   |
| ETHNIC BACKGROUND - Your response will not affect admission to CITC, this information is used for statistical purposes only ( <i>check all that apply</i> )  |  |  |   |
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Black or African-American   | <input type="checkbox"/> Native Hawaiian Pacific Islander  | <input type="checkbox"/> Other (Not Elsewhere Classified)   |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Hispanic  | <input type="checkbox"/> White   |   |
| SECTION 3: EMPLOYER INFORMATION  |  |  |   |
| EMPLOYER ( <i>Company Name</i> )   |  | EMPLOYER PHONE   |   |
| EMPLOYER ADDRESS   |  | CITY   | STATE    ZIP  |
| SECTION 4: EMERGENCY CONTACT   |  |  |   |
| IN CASE OF EMERGENCY, CONTACT:   |  | RELATIONSHIP   | PHONE   |
| SECTION 5: PROGRAM INFORMATION   |  |  |   |
| <input type="checkbox"/> Project Supervision   | February 5, 2020 - May 20, 2020  | Marysville   | Wednesday Evenings  |
|  |  |  | 4:30PM-8:30PM    \$1,075    \$ _____  |
| <b>CITC Training Partner Discount:</b> Employee's of CITC's Training Partners are eligible for a discount on these courses. To receive discount, simply check the box next to your employer's affiliation: <input type="checkbox"/> ABC <input type="checkbox"/> AGC <input type="checkbox"/> BIAW <input type="checkbox"/> PDCA <input type="checkbox"/> PHCC <input type="checkbox"/> NUCA <input type="checkbox"/> WSECA<br>CITC Training Partner Discount: \$100 off Project Supervision |  |  |   |
|  |  |  | -\$100    \$ _____  |
|  |  |  | <b>Total Due</b> \$ _____   |
| SECTION 6: PAYMENT INFORMATION   |  |  |   |
| <b>Payment Type</b>  |  | <b>Credit Card Information</b>   |   |
| <input type="checkbox"/> Check/Money Order - Make check/money orders payable to CITC   |  | Name on Card   |   |
| <input type="checkbox"/> Credit Card - Complete credit card info to the right  |  | Credit Card #  |   |
| <input type="checkbox"/> Training Vouchers - Originals must be attached to Enrollment Agreement  |  | Exp Date   | 3-Digit Security Code   |
|  |  | Billing Address  |   |

**Agreement is Binding:** This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

**Changes in the Agreement:** Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the chief administrator or an authorized representative of the school and by the student.

**Effective Date of Acceptance:** I certify that I have read and understand the cancellation and refund policy and complaint procedure as listed on page 26 of Course Catalog; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

**DEBT ACKNOWLEDGEMENT NOTICE:** Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of the contract are binding. You are entitled to an exact copy of the agreement, school catalog and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

If you have not started training, you may cancel this contract by submitting written notice of cancellation to the school at its address shown on the contract no later than midnight of the fifth day (excluding Sundays and holidays) following your signing this contract, or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

It is unfair business practice for the school to sell, discount or otherwise transfer this contract or promissory note without the signed written consent of the student or student's parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**Student Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

**Authorized School Representative** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title** \_\_\_\_\_

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to: Washington Workforce Training & Education Coordinating Board, 128 10th Ave SW, PO Box 43105, Olympia, WA 98504-3104, Web: wtbc.wa.gov, Phone: (360) 753-5662, Email: wtceb@wtbc.wa.gov

| OFFICE USE ONLY                             |                                       |
|---|---------------------------------------|
| Quarter _____                               | Start Date _____                      |
| Location _____                              | Room _____                            |
| Instructor _____                            |                                       |
| <input type="checkbox"/> Registered         | <input type="checkbox"/> Invoiced     |
| <input type="checkbox"/> Confirm to Student | <input type="checkbox"/> Credit       |
| <input type="checkbox"/> Personal Paid      | <input type="checkbox"/> Company Paid |
| App Date/Auth _____                         |                                       |
| PMT Date/Auth _____                         |                                       |
| Application Received - Date Stamp           |                                       |