



Verus Pro Automotive Diagnostic Training

CREST in partnership with the SUNY Canton Automotive Department presents Verus Pro training.

Schedule:
8 hours of training

Course Objectives:

- Introduction to VERUS PRO hardware & software
 - Basic menu functions
 - Single vehicle ID, Troubleshooter, Component Test Meter, scope
 - Menu navigation and vehicle ID
 - Scanner navigation - data manager, functional tests, global OBD, Troubleshooter
 - Connecting to a repair information system
- And More



2014014

Verus Pro - June 2014

Instructor: Brandon Baldwin

Training Location: SUNY Canton - NS133
34 Cornell Drive
Canton, NY 13617

Classroom Dates: 6/23/14 & 6/25/14
5:30 PM - 9:30 PM

Registration & Payment Due By: 6/19/2014

Tuition:
\$175.00

Auxiliary aids and services are available upon request to individuals with disabilities.



**Career Ready Education & Success Training
Center for Renewable Energy and Sustainable Technology**



COURSE REGISTRATION FORM

For more information call 315-386-7197 or email garnea@canton.edu

Complete all fields and fax to 315-386-7928

Or mail with payment to: SUNY Canton - CREST, 34 Cornell Drive, Canton, NY 13617

Student Information			
Name:			Social Security Number:
Address:			
City, State, Zip:			
Telephone: (Home)		(Work)	(Cellular)
Email Address*:			Date of Birth:
Employer or 3rd Party Payment Information:			
Company Name		Company Phone#	
Company Address		Company Fax#	
Company City, ST, Zip		Company E-mail:	
Check which trainings/exams you would like to register for: (Required)		Payment (Required)	
Course Name	Start Date	Exam Date	Tuition
<input type="checkbox"/> Verus Pro	6/23/14		\$ 175.00
Total Paid _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order/3rd Party Voucher (attach) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Cardholder Name: _____ Card # _____ Expiration Date (MM/YR) _____	
How did you hear about this training? _____			
Authorization			
I authorize payment to and the exchange of all information related to my participation in this training program between one or more of the following organizations related to this training program: New York State Energy Research and Development Authority (NYSERDA), United States Department of Labor (USDOL), North American Board of Certified Energy Practitioners (NABCEP) & the Workforce Development Institute (WDI).			
(Signature of trainee) X _____			