

**HARFORD COUNTY ELECTRICAL CONTRACTORS ASSOCIATION  
& APPRENTICESHIP PROGRAM, INC.**

443-412-2800 | [hceca@harford.edu](mailto:hceca@harford.edu) | [hcecamd.org](http://hcecamd.org)

401 Thomas Run Road  
Edgewood Hall, Suite 225  
Bel Air, Maryland 21015



## Master's Prep

HCECA and Harford Community College are offering a series of 12 three-hour classes to **prepare you to take the Maryland Master Electricians Exam** or just brush up on the NEC. Course topics will include calculations for Ohms law, wire and conduit sizing, over-current protection, branch circuits, feeders, motors, single and multi-family dwellings, commercial properties, transformers, generators, track lighting, show window, appliances, etc. Approved for 3.6 CEU's (Continuing Education Units) in Maryland for those who complete the entire session. **NOTE: Maximum enrollment is 25.**

**Includes Exam Prep book; you will need to bring your own 2020 NEC book**

<b>Course Number</b>	25735
<b>Instructor</b>	<b>Joe Fellner.</b> Joe is an OSHA-certified master electrician and an HCECA Apprenticeship instructor.
<b>Dates &amp; Time</b>	Mondays and Wednesdays   April 26 – June 7   6 – 9 PM (no class on Memorial Day, May 29)
<b>Location</b>	Harford Community College, Edgewood Hall, Room 146
<b>Tuition</b>	\$550 <b>*10% discount for HCECA members and their employees (\$495)</b> If you are not a member but would like to join HCECA, please visit our website, <a href="https://www.hcecamd.org/">https://www.hcecamd.org/</a> . An application can be found under the Membership tab.

**Student Withdrawal and Refund Policy:**

- If student withdraws at least one week prior to class start date, HCECA will refund 100% of the tuition.
- If student withdraws less than one week prior to class start date, HCECA will refund 50% of the tuition.
- No senior citizen waiver or other discounts apply, other than the membership discount.

**Masters Prep registration:** Please complete this form and email to [hceca@harford.edu](mailto:hceca@harford.edu). Call 443-412-2800 to pay with credit card. **Be sure to indicate if you are an HCECA member or member employee to receive your discount.**

---

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Phone/Cell Number \_\_\_\_\_

---

Street Address \_\_\_\_\_ Email \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Member: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of company/employer \_\_\_\_\_ Total Due \_\_\_\_\_