

Oklahoma Emergency Management Training Registration Form



Oklahoma Department of Emergency Management
 P.O. Box 53365, Oklahoma City, OK 73152-3365
 Telephone (405) 521-2481 / Fax (405) 521-4053

 Social Security Number Name (as you would like it to appear on your certificate & name tag) (please print legibly)

 Emergency Management Organization You Are Representing Your Position with the EM Organization

 Work Address City State Zip Work Telephone

 Work Fax Email Address

 Home Address City State Zip Home Telephone

<u>Course Code</u>	<u>Course Name</u>	<u>Course Date</u>	<u>Yes, I want to stay at RTI the nights of</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your activities or responsibilities with the emergency management organization with which you are affiliated as they relate to the course for which you are applying and identify how you intend to use the information obtained from the course:

Do you have any disabilities (including special allergies/medical disabilities) which would require special consideration during your attendance at this course? Yes ___ No ___ If yes, describe and indicate any special considerations required on a separate sheet.

Endorsement and Certification

- a. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies and regulations of the State of Oklahoma if I am admitted as a student, falsification of information will result in denial of a course certificate.
- b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief officer or designee.
- c. Further, I understand that the State of Oklahoma is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- d. I understand that in order to be eligible for overnight accommodations, I must live at least 60 miles from the conference hotel and that only one person from each jurisdiction is eligible for overnight accommodations free of charge. I further understand that I am responsible for making my own reservations for overnight accommodations by calling the conference hotel direct.

Signature is required on back side of form

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Purposes and Uses: The principle purpose of the information requested on this form will be used to determine the eligibility for attendance and benefits to be granted. Some information used will be for statistical purposes only and will not be considered in evaluating your application. Information will only be used or released as permitted by law.

Effects of Nondisclosure: Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in a delay in processing your application.

Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b) – Solicitation of the SSN is authorized under provision of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary and is only for recordkeeping purposes. If you do not provide your SSN, a system identification number will be assigned to you for recordkeeping purposes. The SSN is used as an identifier to match the person completing the training with the correct master record in order to better assist you in obtaining certifications of completed courses. The use of the SSN is necessary because of the large numbers of individuals who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Applicant's Signature _____

Date _____

Applicant's Supervisor's Signature _____

Date _____

PT&E Division Approval _____

Date _____

Mail or fax this completed form to:

Oklahoma Department of Emergency Management
Attention: PT&E Division
P.O. Box 53365
Oklahoma City, Oklahoma 73152-3365

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