



Oklahoma Department of Emergency Management

P.O. Box 53365, Oklahoma City, Oklahoma 73152

Telephone (405) 521-2481 / Fax (405) 521-4053

Training Application (Signatures are required on Page 2)

Social Security Number

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

Organization You Are Representing

Your Position with the Organization

Work Address

City

County

State

Zip

Work Telephone

Cell Phone

Email Address

Home Address

City

State

Zip

Home Telephone

Course
Code

Course Name

Course Date

Briefly describe your activities or responsibilities for the 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.

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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. **I further certify that I have completed the National Incident Management System (NIMS) Training requirements and certify my personal compliance specific to my emergency response position, which may include (1) NIMS, An Introduction, FEMA's IS-700 course; (2) An Introduction to Incident Command System, FEMA's IS-100 or its equivalent; (3) Basic Incident Command System, FEMA's IS-200 or its equivalent; and (4) An Introduction to the National Response Plan FEMA's IS-800 course.** 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.

Purposes and Uses: The principal purpose of the information requested on this form is to determine the eligibility for attendance and benefits to be granted. Some information is used 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 PL93-579, Section 7(b) – E.O. 9397 authorizes the collection of the social security number (SSN). The SSN is necessary as a unique identifier for each student to ensure that your academic record is maintained accurately. Disclosure of the SSN is voluntary.

Applicant's Signature _____ Date _____

Applicant's Supervisor's Signature _____ Date _____

Mail or fax this completed form to:

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

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Telephone (405) 521-2481