



# FEMA

U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA),  
National Preparedness Directorate (NPD), National Integration Center (NIC), Training and  
Exercise Integration Secretariat/Training Operations (TEI/TO)

## REGISTRATION FORM

Fields displayed in **bold\*** are required and must be completed. Please print characters in CAPITAL LETTERS only using BLACK ink.

### Part 1: Course Information (PRNDOS)

<b>Training Provider Abbrev*</b>	<input type="text"/>	<b>Are you a federal employee</b>	Yes	No
<b>Course Name*</b>	<input type="text"/>	<b>Are you a US citizen*</b>	Yes	No
<b>Course Name*</b>	<input type="text"/>	<b>Course Catalog Number*</b>	<input type="text"/> - <input type="text"/>	
<b>Course Name*</b>	<input type="text"/>	<b>Course Catalog Number*</b>	<input type="text"/> - <input type="text"/>	
		<b>Course Catalog Number*</b>	<input type="text"/> - <input type="text"/>	
		<b>Contact Hours</b>	<input type="text"/>	
<b>Start Time / End Time*</b>	<input type="text"/> - <input type="text"/>	<b>Start Date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>End Date</b>
<small>Convert start and end time into military time.</small>		<small>(MM/DD/YYYY)</small>		<small>(MM/DD/YYYY)</small>
<b>City*</b>	<input type="text"/>	<b>State*</b>	<input type="text"/>	<b>ZIP Code</b>
				<input type="text"/>
		<b>Training Method*</b>	Resident	Mobile
				Indirect

<b>Instructor Point of Contact</b>	<input type="text"/>	<small>(For office use only)</small>
<b>Last Name*</b>	<input type="text"/>	
<b>First Name*</b>	<input type="text"/>	

### Part 2: Student Information

<b>FEMA SID*</b>	<input type="text"/>		
<b>Last Name*</b>	<input type="text"/>		
<b>First Name*</b>	<input type="text"/>	<b>Middle Initial</b>	<input type="text"/>
<b>Agency*</b>	<input type="text"/>		
<b>Job Title*</b>	<input type="text"/>		
<b>Email Address*</b>	<input type="text"/>		
<b>Work Address Information:</b>			
<b>Work Address*</b>	<input type="text"/>		
<b>Work City*</b>	<input type="text"/>		
<b>Work State*</b>	<b>Work ZIP Code*</b>	<b>Work Phone Number*</b>	<input type="text"/> - <input type="text"/>
		<b>Home Phone Number*</b>	<input type="text"/> - <input type="text"/>

**Level of Government\***

Bubble in ONE item that best describes your level of government.

- Local
- State
- Federal (DHS)
- Federal (Non-DHS)
- Tribal
- Non-Applicable (NA)

**Student Discipline\***

Bubble in ONE item that best describes your discipline.

- Agricultural Safety (Pre & Post Harvest) (AGS)
- Animal Emergency Services (AES)
- Citizen Community Volunteer (CV)
- Emergency Management (EM)
- Emergency Medical Services (EMS)
- Fire Service (FS)
- Governmental Administrative (GA)
- Hazardous Materials (HM)
- Healthcare (HC)
- Information Technology (IT)
- Law Enforcement (LE)
- Private Sector/Corporate Security and Safety Professional (PSP)
- Public Health (PH)
- Public Safety Communications (PSC)
- Public Works (PW)
- Search and Rescue (SR)
- Transportation Security (Air, Water, Ground, Port) (TS)
- Other (OTH)

**Part 3: Required Signatures**

Once both signatures in this block are signed, forward application to your state training point of contact for approval. If you have any questions, please call the toll free registration line at 1-877-963-2867.

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Supervisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Privacy Act Statement**

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.

**To be approved by State Administrative Agent (SAA) and/or State Training Coordinator (STC)**

SAA/STC Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please forward approved registration form to Counter Terrorism Operations Support by email: ctosreg@nv.doe.gov fax: 702-295-7815 or 702-537-2639

**Confidentiality of Information:** Your responses and all personal information will remain confidential. Any reporting of data will be done anonymously in an aggregated fashion, without names or identifiers

**Public Reporting Burden:** Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Forms are created and instructions provided so that they are accurate and can be easily understood while imposing the least possible burden on you to provide the requested information. The estimated average time to complete and file this application is 15 minutes per form. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, please send to U.S.DHS / FEMA Room 210b, North Tower, Tech World Bldg., 500 C Street, SW, Washington, D.C. 20472

**Media Release:** I give CTOS - Center for Rad/Nuc Training at the Nevada National Security Site the right to use my name, my still photo or video image, or my words (audio or text-based) in any media, for purposes of evaluation, training, research, promotion, marketing, recruiting, fund raising, exhibits or any other lawful purpose. I waive any right to inspect or approve the use of any hard copy or electronic record that may appear in connection with such use. This release is for worldwide use.

**Release of Information:** I authorize the release of my training records to the company/organization as listed on this information form for the purpose of verifying my attendance and performance.