

Pediatric Disaster Response and Emergency Preparedness Training Registration Form (Course #: MGT439)

JUNE 16-17, 2017

Training location: ST. PATRICK HOSPITAL EDUCATION CENTER, 500 W. BROADWAY, MISSOULA MT

Please type or print clearly.

Name _____ Telephone _____
E-mail address _____
Home Address _____ City _____ ST _____ Zip _____
Emergency Contact _____ Relationship _____ Emergency Phone _____

Are you a citizen of the United States? Yes ____ No: * ____ (*submit a *Foreign National Access Visitor Form* by March 01, 2017.) We will not be able to admit any non-US citizen who has not undergone this process.
(Find form at <http://www.crh.noaa.gov/Image/lot/GLOMW/ForeignVisitorForm.doc>)

Occupation- Employer _____ Vocation: Please check appropriate box:

- ____ M.D. – Specialty: _____
- ____ Mid-Level Provider: _____
- ____ Nurse – Specialty: _____
- ____ Emergency Medical Responder (level) _____
- ____ Mental health _____
- ____ Law Enforcement _____
- ____ Public Education _____
- ____ Other: _____

Prerequisites:	None. [Background should include familiarity with the National Incident Management System (NIMS) and the Incident Command System (ICS) via completion of FEMA independent study courses ICS-100, 200, and 700 (or their equivalents).]
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Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____

Special skills and/or vocational/disaster training: _____

Signature

Date:

TRAINING LIMITED TO 80 PARTICIPANTS-

Pediatric Disaster Response and Emergency Preparedness," a 16-hour class conducted in two consecutive days and available at no cost for anyone who might be involved in planning for or addressing the needs of children in a disaster. Special emergency management issues will be addressed i.e., pediatric decontamination, triage and reunification with family. The course was developed by the Texas A&M Engineering Extension Service (TEEX) and the National Emergency Response & Rescue Training Center (NERRTC), and formally certified by the U.S. Department of Homeland Security/FEMA.

Submit Registration Form to MT EMSC Attn: Robin Suzor, PO Box 202951, Helena, MT 59620 or fax to (406) 444-1814 OR electronically to rsuzor@mt.gov.

Date received in the MT EMSC Office: (official use only) _____