

WVDHSEM COURSE APPLICATION

(Print/type all information except signature)

NAME:	SSN:
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ADDRESS & TELEPHONE NUMBER:

DESIRED COURSE TITLE, DATE AND LOCATION

LIST TITLES OF REQUIRED PREREQUISITE COURSES, DATES AND LOCATIONS

DO YOU HAVE ANY HANDICAPS (including allergies and/or Medical conditions) which would require special consideration during your attendance?

() No () Yes (Describe on the Reverse)

NAME AND ADDRESS OF EMERGENCY ORGANIZATION BEING REPRESENTED:

CURRENT TITLE OF YOUR POSITION IN THE EMERGENCY ORGANIZATION

APPLICANT'S SIGNATURE:	DATE:
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LOCAL OES DIRECTOR'S SIGNATURE	DATE:
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SUBMIT COMPLETED APPLICATION TO:
*West Virginia Division and Homeland Security
ATTN: Training Coordinator
Building 1 Room EB80
1900 Kanawha Blvd. East
Charleston WV 25305-0360*