



Section A: COURSE INFORMATION

Course Name:

Course Location: Course Date:

Section B: REGISTRANT INFORMATION

Last Name: First Name: Middle Initial:

Address (mailing): Home [] Work [] City/Town: Postal Code:

Telephone: Work: Home: Cell/Pager:

Fax : Email:

Emergency Position:

Organization/Agency:

Are you currently registered in the Emergency Management Certificate Program at JIBC? Yes [] No []

Section C: PREVIOUS EMERGENCY TRAINING

Please include any prerequisites that are required for the course you are registering for.

Table with 3 columns: Course Name, Date, Location. Multiple empty rows for data entry.

Section D: SIGNATURES

Applicant: Local Authority Emergency Program Coordinator EMBC Regional Manager. Includes lines for Print and Signature.

Please fax or mail the completed registration form to the EMBC Regional Office four weeks prior to the course.

The EMBC Regional Manager has final approval of all participants. This course will be cancelled three weeks prior to course date if minimum numbers are not met. Note: Participants' names will be shared with JIBC to ensure prerequisites have been completed.

For EMBC Regional Office Use Only. Pre-requisite(s) satisfied (JI to check): Yes [] No [] Date: Checked by: If no, applicant notified by Regional Manager Via: Phone [] Fax [] Email [] Other. Comments: