



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.

| Course Name | Date | Location |
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Section D: SIGNATURES

Applicant: _____
Print _____
Signature

Local Authority
Emergency Program Coordinator _____
Print _____
Signature

EMBC Regional Manager _____
Print _____
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: _____