

Pediatric Disaster Response and Emergency Preparedness Training

Registration Form (Course #: MGT)

AUGUST 7-8, 2019

Training location: BENEFIS HEALTH SYSTEM, 1106 South 26th Street, GREAT FALLS MT

Please Type or Print Clearly.

Name: _____ Telephone: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Emergency Phone: _____

Are you a citizen of the United: Yes: No: (*submit a Foreign National Access Visitor Form by May 15, 2019) 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.)]

Are you currently affiliated with a disaster relief agency? Yes: No: 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) _____

Montana Emergency Medical Services for Children (MT EMSC)

