Indiana Department of Homeland Security
Training Application

PLEASE PRINT ALL INFORMATION

IDHS – Leadership for a Safe and Secure Indiana

FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY

☐ Acadis Date Entered: Date Received: Prerequisite(s) met? YES ☐ NO ☐

Full Legal Name:	Organization Represented:
PSID # Birth date: (MM/DD/YYYY)	Position in Organization:
Canine Name: Canine PSID:	Discipline (check all that apply) EMA ☐ LAW ENF. ☐ EMS ☐ FIRE ☐ OTHER ☐ _____
HOME Mailing Address: (No PO Box):	Work Number: Home Number:
Course Name:	Cell Number: Fax or Other:
Course Date:	Email:

I will need a hotel room*: Yes ☐ No ☐

- ***Applicable if lodging is offered. More information on lodging will arrive with your enrollment confirmation letter.***
- If you live 75+ miles from the training site, you will receive lodging the night before class and, if it's a multi-day class, lodging during the class.
- If you live 50-74 miles from the training site, you will receive lodging during (not the night before the first day) the class IF it is a multi-day class.
- If you live less than 50 miles from the training site you will not receive lodging.

Courses taken to meet prerequisite, including certificate issue date(s) and location:

If you have any special needs, please let us know how we can help:

Briefly describe your activities or responsibilities as they relate to this course:

I certify the information recorded on this application is correct. I understand falsification of information may result in dismissal from the course. I agree to abide by the rules, policies, and regulations of IDHS set forth in the Emergency Management Training and Registration Guidelines found at http://www.in.gov/dhs/files/ema_guide.pdf. Failure to do so may result in expulsion from the course and possible barring from future IDHS courses.

Applicant signature: _____ Date:

Signature of agency or department head: Title:

For course registration and lodging information contact Denise Clarke (317) 234-4286 or declarke@dhs.in.gov.
For additional course information visit the IDHS website at **IDHS Training Calendar**

Applications may be faxed to (317) 233-0497.

Mail applications to:
IDHS Training, Indiana Department of Homeland Security, 302 W. Washington St., Room E-239, Indianapolis, IN 46204