

REGISTRATION FORM
CHEMICAL CASUALTY CARE DIVISION

LAST NAME _____ FIRST NAME _____ MI _____

SERVICE _____ RANK _____ GRADE _____ BRANCH _____

SSN _____ SEX M ___ F ___ FOREIGN NATIONAL ? Yes ___ No ___

EMT? Yes ___ No ___ EMT License #/State/Expiration Date _____

TELEPHONE (COMMERCIAL) _____ (DSN) _____

EMAIL ADDRESS _____

MAILING ADDRESS (UNIT OR HOME ADDRESS)

CITY _____ STATE _____ ZIP _____

COURSE SITE _____ COURSE TYPE: FIELD _____ MEDICAL _____

START DATE _____ END DATE _____
DD MMM YY DD MMM YY
□ □ □ □

Do you want to be involved in research, e.g. Beta testing a new training tool? Yes No

Do you want to be informed of new products? Yes No

JOB TITLE _____

ACTUAL DUTIES _____

REMARKS _____

SERVICE CODES

AA	Active Army
ARNG	Army National Guard
USAR	Army Reserves
AF	Air Force
AFR	Air Force Reserves
ANG	Air Force National Guard
USMC	Marine Corps
USN	Navy
USNR	Navy Reserves
PHS	Public Health Services
FN	Foreign Nationals
CIV	Civilian

BRANCH CODES

OFFICERS

AN Army Nurse Corps (Nurses)
CM Chemical Corps
DC Dental Corps
MC Medical Corps (Doctors)
MS Medical Service Corps
NC Nurse Corps (Navy and Air Force)
PA Physician's Assistant (excluding Army)
SP Specialist Corps (e.g. Army Physician's Assistant)
VC Veterinary Corps
MISC Branch codes not specified

ENLISTED

IDC Independent Duty Corpsman (Navy)
18D Special Forces Medic (Army)
91W Health Care Specialist
ENL Enlisted (except for 91W)
54B Chemical Operations Specialist

CIVILIANS

MC Physicians, Doctors
AN Registered Nurses, LPNs
PA Physician's Assistant
EMT/Paramedic
MISC Codes not specified

Please complete form and submit to this office ASAP.

It can be either e-mailed or faxed.

Fax (410) 436-3086 DSN 584-3086

PRIVACY ACT STATEMENT

Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your personnel office to record your attendance in this course. Additional disclosures of the information may be: To the Office of Personnel Management or General Account Office when the information is required for evaluation of training; to the General Services Administration in connection with its responsibilities for records management; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; and to a Federal agency when conducting an investigation on you for employment or security reasons. Where the employee identification number is your social security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your social security number, is voluntary, but failure to do so may result in misplacement of your record of attendance. If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting these purposes.

Course Dates: _____ --- _____
 (start) (end)

Check box: MCBC off-site MCBC home FCBC

Print your name: _____
 (First initial) (Last NAME) (Last 4 of SSN)

What is your year of birth?: _____
 (check box):

<input type="checkbox"/> African-American / black	<input type="checkbox"/> Asian/oriental	<input type="checkbox"/> Caucasian / white	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Middle eastern	<input type="checkbox"/> Native American Indian – Alaska Native	<input type="checkbox"/> Pacific islander – Native Hawaiian	<input type="checkbox"/> I prefer not to answer:

Please darken the circle next to your answer choice. Please give only one answer per question

1. What is your professional training? (Check only one box for this question please)			
If you are medical ...		If you are non-medical ...	
<input type="checkbox"/> Dentist	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Research scientist	<input type="checkbox"/> Chemical engineer
<input type="checkbox"/> Emergency medical technician (EMT)	<input type="checkbox"/> Physician	<input type="checkbox"/> Social worker	<input type="checkbox"/> Explosives ordinance disposal
<input type="checkbox"/> Entomologist	<input type="checkbox"/> Physician assistant	<input type="checkbox"/> Therapy or mental health technician	<input type="checkbox"/> Fire suppression
<input type="checkbox"/> Health physicist	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Law enforcement officer
<input type="checkbox"/> Lab technician	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Virologist	<input type="checkbox"/> Mechanical / construction engineer
<input type="checkbox"/> Nurse	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Other health professional not listed:	<input type="checkbox"/> Customs
<input type="checkbox"/> Occupational, physical, speech therapist	<input type="checkbox"/> Recreation therapist / art therapist		<input type="checkbox"/> Other profession not listed:

2. What is the occupation you perform most days? (Check only one box for this question please)			
If you have a medically related occupation		If you have a non-medical related occupation	
<input type="checkbox"/> Clinician / see patients / work with public	<input type="checkbox"/> Hospital decontamination team member	<input type="checkbox"/> Administrator	Hospital decontamination team (chief)
<input type="checkbox"/> Special forces medic	<input type="checkbox"/> Instructor / trainer	<input type="checkbox"/> Chemical officer	Hospital decontamination team (member)
<input type="checkbox"/> Hospital administrator	<input type="checkbox"/> Medical planner	<input type="checkbox"/> Disaster board member	<input type="checkbox"/> Instructor / trainer
<input type="checkbox"/> Bioenvironmental officer	<input type="checkbox"/> Medical administrator	<input type="checkbox"/> Emergency management	<input type="checkbox"/> Logistician
<input type="checkbox"/> Hospital planner	<input type="checkbox"/> Public health	<input type="checkbox"/> Elected official	<input type="checkbox"/> Liaison
<input type="checkbox"/> Hospital safety	<input type="checkbox"/> Research scientist (medical)	<input type="checkbox"/> Appointed public official (e.g., Health Commissioner)	<input type="checkbox"/> Public works
<input type="checkbox"/> Hospital decontamination team chief	<input type="checkbox"/> Other medically related job not listed (please print):	<input type="checkbox"/> HAZMAT team (Chief)	<input type="checkbox"/> Red cross volunteer
		<input type="checkbox"/> HAZMAT team (member)	<input type="checkbox"/> Research scientist (non-medical)
			<input type="checkbox"/> Other occupation not listed (please print):

3. What department / agency do you work for? (Check only one box for this question please)			
United States Military	United States Homeland Security	United States, other federal government	Foreign and US state and local government agencies
<input type="checkbox"/> Army	<input type="checkbox"/> Border and transportation security	<input type="checkbox"/> Central Intelligence Agency	<input type="checkbox"/> Ambulance service
<input type="checkbox"/> Army national guard	<input type="checkbox"/> Coast guard	<input type="checkbox"/> Centers for Disease Control	<input type="checkbox"/> Emergency medical agency
<input type="checkbox"/> Army reserves	<input type="checkbox"/> Emergency preparedness	<input type="checkbox"/> Defense Intelligence agency	<input type="checkbox"/> Fire department
<input type="checkbox"/> Navy	<input type="checkbox"/> Immigration	<input type="checkbox"/> FBI	<input type="checkbox"/> Fire department – Volunteer
<input type="checkbox"/> Navy reserves	<input type="checkbox"/> Secret service	<input type="checkbox"/> Federal parks service	<input type="checkbox"/> Rescue squad
<input type="checkbox"/> Air Force		<input type="checkbox"/> Federal Transportation Authority	<input type="checkbox"/> Search and rescue
<input type="checkbox"/> Air National guard		<input type="checkbox"/> Interior department	<input type="checkbox"/> State / community university program
<input type="checkbox"/> Air Force reserves		<input type="checkbox"/> Merchant Marine	<input type="checkbox"/> Police department – city
<input type="checkbox"/> Marines		<input type="checkbox"/> National Institutes of Health	<input type="checkbox"/> Police department – state
<input type="checkbox"/> Marine reserves		<input type="checkbox"/> Public Health Service	<input type="checkbox"/> Sheriff's office
		<input type="checkbox"/> State department	<input type="checkbox"/> HAZMAT team – (city / county)
		<input type="checkbox"/> Transportation department	<input type="checkbox"/> HAZMAT team (state)
		<input type="checkbox"/> Weapons storage facility	<input type="checkbox"/> Public health (state / local)
		<input type="checkbox"/> Weapons demilitarization facility	<input type="checkbox"/> Public works (state / local)
		<input type="checkbox"/> White House staff	<input type="checkbox"/> Airport authority (state / local)
		<input type="checkbox"/> Other federal agency not listed:	<input type="checkbox"/> Other government agency (local level):
			<input type="checkbox"/> Other government agency (state level):
Private organizations / other		International organizations / Foreign / other	
<input type="checkbox"/> Contracting agency for CBRNE activities		<input type="checkbox"/> Foreign military	
<input type="checkbox"/> Private consultant		<input type="checkbox"/> Foreign civilian government agency	
<input type="checkbox"/> Private contractor who teaches CBRNE topics		<input type="checkbox"/> United Nations	
<input type="checkbox"/> Private university		<input type="checkbox"/> International treaty organization	
<input type="checkbox"/> Private practitioner		<input type="checkbox"/> Other not listed (please print):	
<input type="checkbox"/> Other Private corporation / private industry (please print):			

4. What type of facility do you work in? (Check only one box for this question)	5. What are your years of experience in your current CBRNE related job position? (Check only one box for this question)
<input type="checkbox"/> Clinic	<input type="checkbox"/> Not currently employed in a CBRNE related job position
<input type="checkbox"/> Fire department	<input type="checkbox"/> Less than 1 year
<input type="checkbox"/> Hospital	<input type="checkbox"/> If 1 year, or more, then write in number of years: _____
<input type="checkbox"/> Office	
<input type="checkbox"/> University	
<input type="checkbox"/> With a military unit that is NOT deployed in war zone	
<input type="checkbox"/> With a military unit who will deploy in next 6 months	
<input type="checkbox"/> With a military unit who is current deployed	
<input type="checkbox"/> On a ship / water craft	

6. What is your CBRNE background from strictly academic classroom and web based resources? (Check only one box for this question)	7. What is your CBRNE background from practical field experience <u>treating casualties while wearing protective gear?</u> (Check one box for EACH section)
<input type="checkbox"/> No prior training / experience	A. In a toxic free environment
<input type="checkbox"/> Awareness training only	<input type="checkbox"/> No field experience
<input type="checkbox"/> Classroom / web based courses (less than 3 courses)	<input type="checkbox"/> 1-3 exercises
<input type="checkbox"/> Classroom / web based courses (4 courses or more)	<input type="checkbox"/> 4 or more exercises
	B. In a toxic, hazardous, environment
	<input type="checkbox"/> No field experience
	<input type="checkbox"/> 1-3 exercises
	<input type="checkbox"/> 4 or more exercises

8. With what frequency do you train others in CBRNE? (Check only one box for this question)	9. What is the size of the group that you usually train in CBRNE topics at one time? (Check only one box for this question)
<input type="checkbox"/> I don't train others in CBRNE topics	<input type="checkbox"/> I do not train others in CBRNE topics
<input type="checkbox"/> I don't train others in CBRNE myself, but supervise other trainers	<input type="checkbox"/> Small (1-5 persons)
<input type="checkbox"/> I don't currently train others, but will train others in the next 6 months	<input type="checkbox"/> Medium (6-30)
<input type="checkbox"/> I currently conduct training sessions for groups (1 – 2 times a year)	<input type="checkbox"/> Large (31 or more)
<input type="checkbox"/> I currently conduct training sessions for groups (3 – 6 times a year)	
<input type="checkbox"/> I currently conduct training sessions for groups (7 – 12 times a year)	
<input type="checkbox"/> I currently conduct training sessions for groups (13 – 52 times, or more, a year)	
	*CBRNE – Chemical, biological, radiological, nuclear, explosives