



<p>PROGRAM TITLE <i>PLEASE CHECK ONE:</i></p>	<input type="checkbox"/> Communication Equipment <input type="checkbox"/> Emergency Preparedness Basics <input type="checkbox"/> HAZMAT/HEICS <input type="checkbox"/> Health Risk Communication <input type="checkbox"/> Hospital Emergency Incident Command System	<input type="checkbox"/> Incident Command System <input type="checkbox"/> Laboratory Systems <input type="checkbox"/> Legal Issues <input type="checkbox"/> Mental Health <input type="checkbox"/> Personal Protective Equipment/Worker Safety <input type="checkbox"/> Population Movement <input type="checkbox"/> Strategic National Stockpile	<input type="checkbox"/> Surveillance and Epidemiology <input type="checkbox"/> Weapons of Mass Destruction <input type="checkbox"/> WMD Advanced (I) <input type="checkbox"/> WMD Advanced (II) <input type="checkbox"/> WMD Advanced (III) <input type="checkbox"/> Other (Please Specify) <hr/>
<p>COURSE DATE(s): <i>(If more than one day, list each date.)</i></p>	<p>Day One:</p>		<p>Day Two:</p>
<p>SPONSORING AGENCY: <i>(Name of hospital, agency, etc.)</i></p>			
<p>TRAINER(s) NAME(s): <i>(If more than one trainer, list all names.)</i></p>			
<p>HOURS: <i>(If more than one day, list hours for each day.)</i></p>	<p>Day One:</p>		<p>Day Two:</p>
<p>TIME: <i>(If more than one day, list times for each day.)</i></p>	<p>Day One:</p>		<p>Day Two:</p>
<p>TRAINING LOCATION: <i>(Organization and Town)</i></p>	<p>Organization:</p>		<p>Town:</p>
<p>NUMBER OF PARTICIPANTS EACH DAY: <i>(If more than one day, list number for each day of training.)</i></p>	<p>Day One:</p>		<p>Day Two:</p>
<p>SUBMISSION MATERIAL TO MCPH: <i>(12 Church Street, Augusta, ME 04330)</i></p>	<input type="checkbox"/> Completed evaluations <input type="checkbox"/> Registration sheets <input type="checkbox"/> For HAZMAT/HEICS Only: Backfill/overtime request <input type="checkbox"/> Name and address to send attendance certificates: Name: _____ Address: _____ City, State, Zip: _____		
<p>CONTACT PERSON: <i>(For questions pertaining to this training.)</i></p>	Name: _____ E-Mail: _____ Phone #: _____		