



HPW Training Program Course Registration

Applicant Information

First Name*: _____ Last Name*: _____

Affiliation/Status*: _____ Service*: _____

Rate/Rank*: _____

Workplace Information

Command*: _____

Work Address*: _____

City*: _____ State/Country*: _____ Zip Code*: _____

Primary Email Address*: _____

Alternate Email Address: _____

Primary Phone Number*: _____

Job Information

I am aligned to: _____ Health Promotion is my: _____

If you answered Navy Medicine or SemperFit, and Primary Duty, you may be eligible to use BUMED funding to support this request. Are you interesting in pursuing this? _____

Course Request (*course dates and locations can be found [here](#)*)

I would like to register to attend the following classes:

| | | |
|--|-----------------|-------------|
| Regional Facilitator Training | Location: _____ | Date: _____ |
| Health Promotion Advanced Training | Location: _____ | Date: _____ |
| ShipShape Program Facilitator Training | Location: _____ | Date: _____ |
| Tobacco Cessation Facilitator Training | Location: _____ | Date: _____ |

*Indicates Required Field



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
 PREVENTION AND PROTECTION START HERE



Save and Sign

Please note, in order for the Applicant and Supervisor to save this document after it is digitally signed, both must save the PDF with the initials of the Applicant in the file name. For example, "HPW_Training_Application_XYZ.pdf"

I understand the requirements and expectations of me after attending the requested training(s). I reviewed the pre-requisites for each training I am registering for and certify that I have met the requirements and will provide certificates for pre-requisite completion.

Digital Signature of Applicant* _____ Date*: _____

Name of Supervisor, Department Head, OIC, or Commanding Officer*: _____

Phone Number*: _____

Email Address*: _____

I understand the requirements and expectations of the applicant listed above after attending the requested training(s). I understand this may be part of the applicant's regular duties or may take additional time beyond regular duties.

Digital Signature of Supervisor* _____ Date*: _____

*Indicates Required Field