

## APPLICATION FOR BASIC DOEHRS-IH TRAINING COURSE

Student Name	
Job Title	<input type="checkbox"/> IH <input type="checkbox"/> IHO <input type="checkbox"/> TECH <input type="checkbox"/> IH IN TRAINING <input type="checkbox"/> OTHER _____
Rank/Civil Service/Contractor	
Phone Number(s)	DSN: _____ COM: _____
Email	
NAVMED REGION	<input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> NMCPhC <input type="checkbox"/> NEMPU-____
IH PROGRAM OFFICE	
Command Address (Street, City, State, Zip)	
Requested Training Date/Site	
Has Existing Demo Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
If Yes, Request Demo Account Unlock?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor Name	
Department (IHPO)	
Phone Number(s)	DSN: _____ COM: _____
E-mail	
Supervisor Approval Signature	

### DOEHRS-IH PROFILE ACCOUNT REQUIRED INFORMATION

Date Completed (yyyy/mm/dd)	<b>Training Certificate</b> <u>*Must be completed within a year of training date</u>
	DHA-US001: HIPAA and Privacy Act Training <b>(JKO)</b>
	Information Assurance Awareness <b>(NKO)</b> or Cyber Awareness IAA <b>(NKO)</b>
	DHA-US050: DOEHRS – DoD Industrial Hygiene Exposure Assessment Model <b>(JKO)</b> 1Time Course
Security Manager Full Name	
Security Manager's Phone #	DSN: _____ COM: _____
Student's Security Clearance	<input type="checkbox"/> Favorable National Agency Check <input type="checkbox"/> None <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret

Scan and Email Completed form to usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-DOEHRS-IH or

Fax to DOEHRS-IH Training (757) 953-0689