

## NMCFHPC Sponsored OEM/OHN Fundamentals Course Student Registration Request

## Please complete <u>ALL</u> fields

Last Name, First Name

Phone number

Email Address - one that you can check regularly

Component Status

Job Title and Provider Credentials ( MD, DO, NP,RN, COHN-S, COHN)

Current Location (and Future Work Location if applicable)

Status (Military, civilian)

What is your experience? In occupational health? Please describe in detail.

How did you hear about our course?

Please send your registration requests as soon as possible as slots are limited.

- 1st consideration goes to nurses and providers who do not have formal training or significant experience that will be working in Occupational Medicine positions.

Submit this request to NMCFHPC via email at: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ohncourse@health.mil

