

DEFENSE CENTERS FOR PUBLIC HEALTH – PORTSMOUTH IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION

Nurse/Provider Credentials (MD, DO, PA, NP,RN, COHN-S, etc)

OEM/OHN Fundamentals Course Student Registration Request

ATTENTION!: This is a ONE-TIME course for inexperienced nurses/providers. This is NOT a refresher course. Requests will be DENIED if you have attended this course previously and/or are experienced in OEM.

Please complete ALL fields on this request to be considered for this course

Last Name, First Name	Nurse/Provider Credentials (MD, DO, PA, NP,RN, COHN-S, etc)
Email Address - one that you can check regularly	Job Title (OEM Physician, OHN, Clinic Manager, GMO, etc)
Status (Military, Civilian)	Current Location (and Future Work Location if applicable)
What is your background experience as a nurse/provider? Please describe in detail.	
Do you have any occupational health/occupational medicine experience? Please describe.	
Why are you applying for this course and how did you find out about the course? Please describe in detail.	
I understand that attendance requires a computer with microphone in order to attend the course. I understand this course is not a board review, refresher, and not for experienced professionals (those applicants will be denied). Please sign in the block below to indicate your understanding.	

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.

