

APPLICATION FOR INITIAL DOEHRS-IH TRAINING COURSE

Student Name		Today's Date:
Job Title	<input type="checkbox"/> IH <input type="checkbox"/> IHO <input type="checkbox"/> TECH <input type="checkbox"/> IH IN TRAINING <input type="checkbox"/> OTHER _____	
Military Rank/Civil Service(GS)		
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		
Previously Attended DOEHRS-IH Training?	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	
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)	Training Certificate <i>*Must be completed within a year of training date</i>
	DHA-US001: HIPAA and Privacy Act Training (JKO) https://jkodirect.jten.mil
	DoD-US1364: DoD Cyber Awareness Challenge (JKO) https://jkodirect.jten.mil
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 <input type="checkbox"/> Interim

Please complete each section of this form before submitting to the email below