NMCPHC Sponsored OEM/OHN Fundamentals Course Student Registration Request

Please complete ALL 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 NMCPHC via email at:

usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ohncourse@health.mil

