



# NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

## 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@mail.mil*

