



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

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.

I understand that attendance requires a computer with a microphone/camera in order to attend the course.

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

[Sign Here](#)

- 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.nmcphe-ohn course@health.mil

