**ENVIRONMENTAL HEALTH COURSE REGISTRATION**

**RANK/GS GRADE:**

**LAST NAME:**

**FIRST NAME:**

**MI:**

**TITLE:** *(EHO, PMT, HM, CIV.)*

**IMMEDIATE SUPERVISOR:**

**COMMAND:**

**COMMAND FULL ADDRESS:**

**CONTACT NUMBER:**

**CONTACT EMAIL:**

ONLY CHECK/CLICK **ONE** FROM BELOW PER COURSE

BUMED PMA DRINKING WATER CANTRAC COURSE: [ ]

DOEHRS-EH DEVELOPMENT COURSE: [ ]

OEHSA TRAINING: [ ]

FOOD WATER RISK ASSESSMENTS: [ ]

TRI-SERVICE FOOD CODE Interpretations: [ ]

**TRAINING REQUESTED INFORMATION**

**MONTH:**

**YEAR:**

**LOCATION:**

**\*\*\*FORWARD REGISTRATION TO ALL OF THE FOLLOWING EMAILS:**

timothy.b.webb.civ@mail.mil

anthony.j.carotenuto.civ@mail.mil

**For more information please go to:**

https://med.navy.afpims.mil/Navy-Marine-Corps-Public-Health-Center/Preventive-Medicine/Program-and-Policy-Support/