

DHS/FEMA TRAINING REGISTRATION FORM INSTRUCTIONS

1. Select citizenship status. Select one box only.
 - a. City of birth only required if “No” is selected for Citizenship.
 - b. Country of Birth only required if “No” is selected for Citizenship
2. Fill in full name only.
 - a. First name - No nicknames or abbreviations.
 - b. Last name – as found on government issued ID/REAL ID
 - c. Middle initial – required, if no middle initial use “X”
 - d. Suffix – JR, SR III
3. FEMA SID – mandatory. If no SID provided, student may not receive course credit
4. Date of birth – DO NOT COMPLETE! Date of birth constitutes Personally Identifiable Information and is not required for registration
5. Work phone – Office phone, work cell phone, agency phone are acceptable. Please complete with all 10 digits
6. Training Component
 - a. 6a – will always be NTS for CTOS
 - b. 6b - Course Catalog Number – should always be course number such as AWR 140 or PER 355, for example. No name or title
 - c. 6c - Training Delivery Type – Distance Learning/Conference or Symposium does not currently apply to CTOS training
 - d. 6d - Training Dates
 - i. Start Date/End Date– First day and last day of the course as listed in 6b. If the course is a split day – started on Wednesday and finished on Thursday, please select those dates
 - ii. Start Time/End Time – the start and end times for course as listed in 6b will be provided on page 3 of this Registration Form (CTOS Supplemental Form)
 - e. 6e – Training location, provide City and State. For OCONUS, submit San Juan, PR or Agana Heights, GU
7. Email Address – please complete entire address to include domain such as @aol.com, @gmail.com. This is important for submitting Level III evaluations that FEMA requires six months – one year following course completion.
8. Employment/Position
 - a. Spell out entire agency name, do not abbreviate.
 - b. Spell out entire street name. ST, AVE, RD abbreviations are acceptable for street type.
 - c. Spell out full city name. Abbreviations such as St. Louis are acceptable.
 - d. State abbreviations only
 - e. Only the five digit zip code is required
9. Years in Current Position
 - a. Use 01 for one year, etc. for years less than ten.
 - b. Spell out position
10. Jurisdiction - Fill in only one circle.

11. Discipline – Fill in only one circle. Other discipline box to be filled in only if “Other” circle is filled in.
12. Applicant Certification – Student/Applicant signature and date required.

CTOS SUPPLEMENTAL TRAINING REGISTRATION FORM INSTRUCTIONS

1. Please provide same FEMA SID and name for supplemental form as found on FEMA form to ensure applicant/student information is comprehensive.
2. Course Information
 - a. Course Catalog Number - Refer to section 6 of page 1. Use same catalog number
 - b. Course Times – Refer to section 6 of page 1. This time should correspond to course dates from page 1.
3. Additional Catalog Numbers/Dates
 - a. Complete 2nd and 3rd course numbers, dates and times if student is participating in multiple courses
4. Supervisor Signature – required only for Resident Training. Not required for Mobile Course Training
5. SAA Signature - required only for Resident Training. Not required for Mobile Course Training