

**Personal Protective Equipment (PPE) Eligibility Form -  
Mobile Courses (Agency Site)**

**SECTION 1:**

**Training Candidate Printed Name:**

**FEMA SID:**

To complete the Counter-Terrorism Operations Support (CTOS) course(s), students may participate in training exercises that include the use of Personal Protective Equipment (PPE\*). All training candidates for the below listed courses **must** complete this form to ensure all students are deemed eligible to use the provided PPE.

**Please select course(s) from Drop-Down List:**

**Course Requested:**

**Course Requested:**

**Course Requested:**

**Select Scheduled Course Start Date:**

\* PPE includes boots, suits, gloves and air purifying respirators

**SECTION 2:**

**Training Candidate:** By signing this form, I affirm that I have been medically cleared by my agency to don and doff PPE and respiratory protection in accordance with Occupational Safety and Health Standards 1910 Subpart I, Personal Protective Equipment and 1910.134, Respiratory Protection.

**Training Candidate Signature:**

**Date Signed:**

**SECTION 3:**

**Training Candidate Supervisor:** By signing this form, I affirm that the above candidate has been medically cleared by my agency to don and doff PPE and respiratory protection in accordance with Occupational Safety and Health Standards 1910 Subpart I, Personal Protective Equipment and 1910.134, Respiratory Protection.

**Training Candidate Supervisor  
Printed Name:**

**Date Signed:**

**Training Candidate  
Supervisor Signature:**

**Title:**

**Forward the completed PPE form to:**

**[enroll@nv.doe.gov](mailto:enroll@nv.doe.gov)**

For more information about these courses visit:

**[http://ctosnnsa.org/pages/courses/courses\\_mobile\\_training.htm](http://ctosnnsa.org/pages/courses/courses_mobile_training.htm)**