



CTOS STUDENT REGISTRATION FORM

Fields displayed in **bold*** are required and must be completed. Please type characters in CAPITAL LETTERS only.

Part 1: Course Information - RESIDENT COURSES ONLY

Training Provider Abbrev* Are you a federal employee* Yes No Are you a US citizen* Yes No

Citizenship disclaimer:

Participation is currently limited to United States citizens unless a [special request form](#) is completed. Once the form is reviewed you will be notified via email on the status of your request.

Select a course from the drop down menu:

Courses*

Resident Course descriptions may be found at http://www.ctosnnsa.org/pages/courses/courses_resident.htm

Course Number Contact Hours

Start Time / End Time* - Start Date (1st Choice)* / /
(MM/DD/YYYY)

Start Date (2nd Choice)* / /
(MM/DD/YYYY)

Part 2: Student Information

FEMA SID* Click [HERE](#) TO RETRIEVE FEMA SID Level of Government*

Last Name* First Name* Middle Initial

Job Title* Email Address*

Agency*

Student Discipline*

Student Discipline - Other (OTH)

Work Information:

Work Address*

Work City* Work State* ZIP Code*

Work Cell Number* Best Contact Number*

Personal Information:

(Home Address is required for mailing of travel cost reimbursement checks)

Home Address*

Home City* Home State* ZIP Code*

