Emergency ManagementBC
Provincial Emergency Program

British Columbia Association of Emergency Managers (BCAEM) sponsored / Provincial Emergency Program Coordinated Training REGISTRATION FORM

BCAEM

Section A: *Course Information*

Course Name:

Course Location: Course Date:

Section B: *Registrant Information*

Last Name: First Name: Middle Initial:

Address (mailing): Home ☐ Work ☐ City/Town: Postal Code:

Telephone: Work: ( ) Home: ( ) Cell/Pgr: ( )

Fax : ( ) Email:

Emergency Position:

Organization/Agency:

Are you currently registered in the Emergency Management Certificate Program at the Justice Institute of BC (JIBC)?

Yes ☐ No ☐

Section C: *Previous Emergency Training:*

Introduction to Emergency Management Yes ☐ No ☐ ☐ Location:_____
Completion Date: _____ or ☐ Self Study
(Note: This course is a prerequisite to all other Emergency Management courses)

Emergency Operations Centre Level 1 Yes ☐ No ☐ ☐ Location:_____
Completion Date: _____ or ☐ Self Study
(Note: This course is a prerequisite to EOC Level 2 and 3, Emergency Evacuations and Exercise Design)

Emergency Operations Centre Level 2 Yes ☐ No ☐
Completion Date: _____ Location:_____
(Note: This course is a prerequisite to EOC Level 3)

Other Emergency Training completed (Course Name, Location, Completion Date):

Section D: *Signatures*

Applicant: _____ *Print* _____ *Signature*

Local Authority
Emergency Program Coordinator _____ *Print* _____ *Signature*

PEP Regional Manager _____ *Print* _____ *Signature*

Please fax or mail the completed registration form to your respective PEP Regional Office (see training schedule for contact information) four weeks prior to the course:
Fax: ( )
Address:

The PEP Regional Manager has final approval of all participants. This course will be cancelled three weeks prior to course date if minimum numbers are not met.
Note: Participants' names will be shared withJIBC to ensure prerequisites have been completed.

For PEP Regional Office Use Only
Pre-requisite(s) satisfied (JI to check): Yes ☐ No☐ Date:_____ Checked by:_____
If no, applicant notified by Regional Manager Via: Phone ☐ Fax ☐ Email ☐ Other _____
Comments:_____