

(FOR CDP USE ONLY)

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
Center for Domestic Preparedness  
Resident Training Registration Form  
(Please complete all fields and mail or fax to State Coordinator at  
[http://cdp.dhs.gov/registration/state\\_coordinators.html](http://cdp.dhs.gov/registration/state_coordinators.html))

Select dates by numerical week number and class(es) by selecting a Program Letter. Please indicate three choices by listing the desired week of training and program letter found on the training calendar (<http://cdp.dhs.gov/schedules/>):

Name as shown on valid ID: \_\_\_\_\_  Male  
 Female

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

FEMA SID Number: \_\_\_\_\_  
(\* See Note Below)

**Mailing Address:**

**Organization/Work Address:**

Street Address: \_\_\_\_\_

Org. Name: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone w/ ext: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Profession: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Airport of Departure: \_\_\_\_\_  Or, if driving, check here

	Choice #1	Choice #2	Choice #3
<b>Week Number</b>			
<b>Program Letter</b>			

*Use one application per training course requested.*

I have reviewed this application and certify that 1) the applicant meets all prerequisites and qualifications to attend CDP training; and 2) attendance will contribute to their professional development or benefit them in the performance of their assigned job duties.

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Area of Jurisdiction:**

- City     County     Township  
 Metro     District     State  
 Federal     National     Port     Tribal Territory  
Other (please specify): \_\_\_\_\_

**Discipline:**

- Governmental Administrative  
 EMS     Healthcare (Non-EMS)     Public Health  
 Emergency Management     Law Enforcement     Public Works  
 Fire Service     Military National Guard     Public Safety Communications  
 HAZMAT    Other (please specify): \_\_\_\_\_

**\* NOTE: In accordance with TSA regulations, the name on your flight itinerary must exactly match the valid passport or government issued photo identification you use to board an airplane. To obtain a FEMA Student Identification (SID) Number, go to <https://cdp.dhs.gov/femasid> and create your unique ten (10) digit SID or retrieve your SID if you have previously obtained one to attend a FEMA/CDP course. This SID will be used for all future FEMA Training registrations.**

**\*Any questions should be referred to your Regional Training Coordinator: East Region: 866-213-9546 Central Region: 866-213-9547 West Region: 866-213-9548 Help Line: 866-213-9553**