

Campus Emergency Preparedness Certificate

Candidate Registration Form

Thank you for deciding to participate in this program. We can not work to build a disaster resilient university and community without the efforts of people like you. If you have any questions please feel free to contact UEMCTRNG@iu.edu and we will be glad to answer them. In the meantime, we would like to know a little about you. Please submit this form to UEMCTRNG@iu.edu once complete.

Name: _____ IU Email: _____

Campus Unit/Department: _____

Where is your primary physical work space: _____
(this may be an office, a kitchen, a space you clock in/out at, etc.)

A phone number that we can reach you at as a back up to your email: _____

Have you read the CEPC flyer and understand that you will need to do 100 hours of emergency management training, exercise, and preparedness in the next 2 years? YES NO

That two year time limit starts from today's date, which is: _____

Have you informed your supervisor that you intend to pursue this certificate? YES NO

What is your supervisor's name? _____

What is your supervisor's email address? _____

Do you have any prior relevant experience that you would like to share with us (example: life guard, military or law enforcement experience, EMT, volunteer service, etc.)