

(FOR CDP USE ONLY)

# Center for Domestic Preparedness Training Course Application

*(Please complete all fields and mail or fax to State Coordinator)*

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

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  Female  
(MM/DD/YYYY) (\* See Note Below)

**Mailing Address:**

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

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

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

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

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

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

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

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

**Organization/Work Address:**

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

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

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

Work Phone and ext: \_\_\_\_\_

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

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

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

	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: \_\_\_\_\_

*(Print Only)*

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

*(Signature)*

**Area of Jurisdiction:**

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

**Discipline:**

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

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

**\*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**

**Island/Federal: 866-213-9547 Help Line: 866-213-9553**