



**Indiana Department of Homeland Security
Training Application**
PLEASE PRINT ALL INFORMATION
Leadership for a Safe and Secure Indiana



FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY

<input type="checkbox"/> Acadis Date Entered: _____		Date Received: _____		Prerequisite(s) met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Full Legal Name:			Organization Represented:		
PSID #			Position in Organization:		
Birth date: (MM/DD/YYYY)					
Canine Name:			Discipline (check all that apply)		
Canine PSID:			EMA <input type="checkbox"/> LAW ENF. <input type="checkbox"/> EMS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
HOME Mailing Address: (No PO Box):			Work Number:		
			Home Number:		
Course Name:			Cell Number:		
			Fax or Other:		
Course Date:			Email Address:		

I will need a hotel room*: Yes No

- **Applicable if lodging is offered. More information on lodging will arrive with your enrollment confirmation letter.**
- If you live 75+ miles from the training site, you will receive lodging the night before class and, if it's a multi-day class, lodging during the class.
- If you live 50-74 miles from the training site, you will receive lodging during (not the night before the first day) the class IF it is a multi-day class.
- If you live less than 50 miles from the training site you will not receive lodging.

Courses taken to meet prerequisite, including certificate issue date(s) and location:

If you have any special needs, please let us know how we can help:

Briefly describe your activities or responsibilities as they relate to this course:

I certify the information recorded on this application is correct. I understand falsification of information may result in dismissal from the course. I agree to abide by the rules, policies, and regulations of IDHS set forth in the Emergency Management Training and Registration Guidelines found at <http://www.in.gov/dhs/emergmgtngpgm.htm>. Failure to do so may result in expulsion from the course and possible barring from future IDHS courses.

Applicant signature: _____ Date: _____

Signature of agency or department head _____ Title: _____

For course registration and lodging information contact Denise Clarke (317) 234-4286 or declarke@dhs.in.gov.
For additional course information, visit the IDHS website at <http://www.in.gov/dhs/tngbranch.htm>.

Applications may be faxed to (317) 233-0497.

Mail applications to:
IDHS Training, Indiana Department of Homeland Security, 302 W. Washington St., Room E-239, Indianapolis, IN 46204