



**EMERGENCY SERVICES TRAINING INSTITUTE**

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 teex.org

**Community Disaster Preparedness for Healthcare Certificate Request**

Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

STUDENT INFORMATION			
Last Name:	First Name:	Middle Initial:	Suffix:
Date of Birth:		TEEX Student ID #:	

AFFILIATION INFORMATION			
Agency Name (optional):		Position/Title (optional):	
Mailing Address (No P.O. Boxes, please) :			
City:	State:	Zip:	
Email Address:		Phone #:	

COURSES COMPLETED
Medical Countermeasures: Point of Dispensing (POD), Planning and Response (MGT-319)
Medical Preparedness and Response for Bombing Incidents (MGT-348)
Pediatric Disaster Response and Emergency Preparedness (MGT439)
Medical Management of Chem, Bio, Radiological, Nuclear, and Explosive Events (PER-211)

**When complete - please save a copy of the completed form and email application to: [EMSPH@teex.tamu.edu](mailto:EMSPH@teex.tamu.edu)**

FOR TEEX USE ONLY	
Date Application Received:	Date Application Approved:
Approved By:	
Date Certificate Issued/Mailed:	By: