

# Prince Edward Island Emergency Measures Organization Course Application

Course Application Information			
Course Name:		Course Date:	
Personal Information			
<b>Name</b>	First:	Last:	
City/Town/Community:		Province:	
Home Phone:	Work Phone:	Cell:	
Email Address (Required):			
Completed Emergency Management Courses			
<input type="checkbox"/> Basic Emergency Management <input type="checkbox"/> Emergency Operations Centre Management <input type="checkbox"/> Exercise Design 100 <input type="checkbox"/> Exercise Design 200 <input type="checkbox"/> Emergency Public Information <input type="checkbox"/> Incident Command System 100 <input type="checkbox"/> Incident Command System 200 <input type="checkbox"/> Incident Command system 300			
Agency/Department Information			
Agency represented:		Emergency position:	
Applicant's signature:		Date:	
Volunteers applying for advanced (paid) courses			
PEI EMO waives course fees for volunteers working with a volunteer organization however if a volunteer fails to follow the cancellation policy the organization will be charged for the seat. (\$50) Supervisor's signature is required when processing volunteer applications.			
Supervisor's name:		Phone number:	
Supervisor's signature:			

**Send completed applications:**

By mail:	PEI Emergency Measures Organization 134 Kent Street, Suite 600 Charlottetown, PEI C1A 8R8
By fax:	902-368-6362
By email:	emotraining@gov.pe.ca

Your personal information is collected on this form under section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used only for the provision of emergency management training by the PEI Office of Public Safety. [www.gov.pe.ca/foipp](http://www.gov.pe.ca/foipp)