Prince Edward Island Emergency Measures Organization
Course Application

Course Application Information			
Course Name:		Course Date:	
Personal Information			
Name	First:	Last:	
City/Town/Community:		Province:	
Home Phone:		Work Phone:	Fax:
Email Address (Required):			

Completed Emergency Management Courses

- ☐ Basic Emergency Management
- ☐ Emergency Operations Centre Theory
- ☐ Emergency Operations Centre Exercise
- ☐ Exercise Design 100
- ☐ Exercise Design 200
- ☐ Emergency Public Information
- ☐ Incident Command System 100
- ☐ Incident Command System 200
- ☐ Incident Command system 300

Agency/Department Information	
Agency represented:	**Emergency Position:**
Applicant's Signature:	**Date:**

Emergency Measures Organization Use Only
Date Received:
Course Officer'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