



Security and Emergency Response Training Center

Page 1 of 2: Training Course Application



Please complete all fields and fax application to State Training Coordinator

Legal First Name: _____ MI: _____ Legal Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

This training is designed for U.S. Citizens only. I certify that I am a citizen of: _____

Mailing Address:	Organization/Work Address:
Street Address:	Org. Name:
City, State, Zip:	Street Address:
Home Phone:	City, State, Zip:
Cell Phone:	Work Phone & Ext:
Home e-mail:	Work e-mail:
Profession:	Position/Title:
Years of Experience:	

Select dates by Program Number and Session Number. This information is found on your SERTC calendar or at our website < www.SERTC.org > (Example: Tank Car Specialist (TCS) Aug 23 - 27 = TCS10-07)		
Choice 1	Choice 2	Choice 3

Check all that applies to you:

<u>Area of Jurisdiction:</u> <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> County <input type="checkbox"/> Metro <input type="checkbox"/> District <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Port <input type="checkbox"/> National <input type="checkbox"/> Tribal Territory <input type="checkbox"/> Other: (Please specify) _____	<u>Discipline:</u> <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Emergency Management Agencies <input type="checkbox"/> Fire Services <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Railroad Response Personnel <input type="checkbox"/> HazMat Response Contractor <input type="checkbox"/> Public Health & Public Works <input type="checkbox"/> Governmental Response Administrator <input type="checkbox"/> HazMat Personnel <input type="checkbox"/> Other: (Please specify) _____
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Airport of Departure: _____ or, if driving, check here: _____

Supervisor's Name: _____ Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

State Authorizing Authority:

Name: Ron Kopcik _____

Signature: _____

Date: _____

For questions, please call Valerie Best at 719-584-7172
Make sure to include Page 2: Medical Screening Form
Fax approved applications **ONLY** to 719-584-0790



Security and Emergency Response Training Center



Page 2 of 2: Medical Screening Form

Please complete all fields and fax along with Page 1 (Training Course Application) to your State Training Coordinator

Legal First Name: _____ MI: _____ Legal Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Submitting this paperwork for consideration of training at the Security and Emergency Response Training Center constitutes your agreement and understanding of medical qualifications.

Course Requested: _____

Do you now or have you previously been treated for or experienced:

- Heart disease or condition Yes No
- Chest pain Yes No
- Collapsed lung Yes No
- Claustrophobia Yes No
- Frequent fainting Yes No
- Asthma Yes No
- Emphysema Yes No
- Chronic bronchitis Yes No
- Seizures or epilepsy Yes No
- Diabetes Yes No
- Anemia Yes No
- History of heat stroke/ exhaustion Yes No
- High blood pressure Yes No
- Difficulty while wearing PPE Yes No
- Other lung or chest problems Yes No
- Perforated eardrum Yes No
- Have an open wound or sutures Yes No
- Pregnant (currently) Yes No

Do you have any physical conditions or physical restrictions that could prohibit you from carrying and wearing a respirator/SCBA and suit ensemble weighing approximately 35 pounds? Yes No

List all prescribed and over-the-counter medications you are currently taking.
