



# APPLICATION FOR TRAINING

State Form 53458 (R / 6-12)  
INDIANA DEPARTMENT OF HOMELAND SECURITY



- INSTRUCTIONS:**
1. Please type or print all information.
  2. For course registration and lodging information contact Denise Clarke at (317) 234-4286 or [declarke@dhs.in.gov](mailto:declarke@dhs.in.gov).
  3. For additional course information, visit the IDHS Training Calendar at <https://myoracle.in.gov/hs/training/public/calendar.do>.
  4. Completed applications may be faxed to (317) 233-0497 or mailed to:  
**Indiana Department of Homeland Security, IDHS Training, 302 W. Washington St. Room E239, Indianapolis, IN 46204.**

### FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY

|                                 |                                  |                                 |  |
|---------------------------------|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Acadis | Date received (month, day, year) | Date entered (month, day, year) | Prerequisite(s) met?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------|----------------------------------|---------------------------------|--|

|   |                                  |   |  |
|---|----------------------------------|---|--|
| Full legal name   |                                  | Public safety identification number           | Date of birth (month, day, year)         |
| Name of canine  |                                  | Public safety identification number of canine |  |
| Home mailing address (number and street, city, state, and ZIP code – no PO boxes)   |                                  |   | County                                   |
| Home telephone number<br>( ) ( )  | Work telephone number<br>( ) ( ) | Mobile telephone number<br>( ) ( )            | Fax or other telephone number<br>( ) ( ) |
| E-mail address  |                                  | Driver's license number                       |  |
| Organization represented  |                                  | Position in organization                      |  |
| Discipline (check all that apply)<br><input type="checkbox"/> Emergency Management Agency <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Emergency Medical Service <input type="checkbox"/> Fire <input type="checkbox"/> Other: _____   |                                  |   |  |
| Name of course (one (1) course per application)   |                                  |   | Date of course (month, day, year)        |
| 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 will need a hotel room: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><ul style="list-style-type: none"> <li>• <b>Applicable if lodging is offered. More information on lodging will arrive with your enrollment confirmation letter.</b></li> <li>• If you live seventy-five (75) or more 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.</li> <li>• If you live fifty (50) to seventy-four (74) miles from the training site, you will receive lodging during (not the night before the first day) the class IF it is a <u>multi-day</u> class.</li> <li>• If you live less than fifty (50) miles from the training site you will not receive lodging.</li> </ul> |                                  |   |  |
| 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 IDHS Training Registration Guidelines ( <a href="http://www.in.gov/dhs/files/ema_guide.pdf">http://www.in.gov/dhs/files/ema_guide.pdf</a> ). Failure to do so may result in expulsion from the course and possible barring from future IDHS courses.  |                                  |   |  |
| Signature of applicant  |                                  | Date (month, day, year)                       |  |
| Signature of agency or department head  |                                  | Date (month, day, year)                       |  |
| Title   |                                  |   |  |