



Medical College of Georgia

Certified Hospital Emergency Coordinator (CHEC)
Registration Form



Basic Course

Course Date:

Course Location:

Date Hired or appointed duties as the Hospital Emergency Coordinator: [ ]

Profession:

- \_\_\_ Physician \_\_\_ Infection Control \_\_\_ Safety/Security \_\_\_ Facility
\_\_\_ Emergency Preparedness \_\_\_ Emergency Management
\_\_\_ Nurse/Nurse Practitioner \_\_\_ Physicians Asst \_\_\_ Paramedic/EMT
\_\_\_ Public Health \_\_\_ Other (specify)

Contact Information:

Table with 2 columns: Label (Name, Hospital, Address, City, Job Phone, E-mail) and empty input field.

Prerequisite Completion Date IS-1 The Emergency Manager: \_\_\_

Prerequisite Completion Date ICS 100.HC (or equivalent): \_\_\_

College Education (optional): \_\_\_Associate \_\_\_Bachelor \_\_\_Masters \_\_\_PhD

I certify that all of the information provided in this registration is accurate.

Type your initials in upper case font: [ ]

This course is funded through the Georgia Division of Public Health, Office of Preparedness, ASPR grant. For further information contact Lindsey Anthony @ (706) 360-8430

Email registration to: lanthony@mcg.edu