



Medical College of Georgia

Certified Hospital Emergency Coordinator (CHEC)
Registration Form



Level II 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 Input field.

Prerequisite Completion Date IS-120A An Introduction to Exercises: _____

Prerequisite Completion Date I-235 Emergency Planning: _____

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