



**VERMONT DIVISION OF EMERGENCY MANAGEMENT
AND HOMELAND SECURITY**

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DEMHS GENERAL COURSE APPLICATION

FIRST NAME:	M.I.:	LAST NAME:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT TELEPHONE #:		
EMAIL ADDRESS FOR CERTIFICATE:		

AGENCY INFORMATION

DEPARTMENT/AGENCY:
DISCIPLINE (i.e. FIRE, POLICE, EMS, PUBLIC WORKS, ETC.):
JOB FUNCTION (i.e. CHIEF, SUPERVISOR, NURSE, EMT, ETC.):

COURSE INFORMATION

COURSE TITLE:	COURSE NUMBER:
COURSE DATE(S):	
COURSE LOCATION:	
PREREQUISTE DOCUMENTATION ATTACHED:	

PLEASE PRINT CLEARLY

Please complete the form and email to: Homeland Security Training Coordinator at
DPS.EMHSTraining@vermont.gov.