

# CIDER Summer & Fall 2008 Registration Form

Participants enrolling in any CIDER course or training are required to complete this form. **Class size is limited** so please register as soon as possible. Please fill out this form completely and submit to:

**Center for Infectious Diseases & Emergency Preparedness**

1918 University Avenue, 4<sup>th</sup> floor  
Berkeley, California 94704-7350

You may also fax this form to (510) 643-4926

Please contact us with any questions or concerns at (510) 643-4939 or at cidp@berkeley.edu.

## Contact information

Name (Last, First, Middle) \_\_\_\_\_ Date \_\_\_\_\_

Salutation (circle one): Dr. Mr. Mrs. Ms. Degree(s) \_\_\_\_\_

Street Address (including apt, suite, floor, P.O or MC) \_\_\_\_\_

City/county \_\_\_\_\_ State \_\_\_\_\_ Zip - Postal Code \_\_\_\_\_ - \_\_\_\_\_

Health Jurisdiction \_\_\_\_\_

## Type of Organization (please check ONE)

- |  |   |
|--|---|
| <input type="checkbox"/> <sup>1</sup> State health department/jurisdiction | <input type="checkbox"/> <sup>5</sup> Law enforcement / fire / emergency response |
| <input type="checkbox"/> <sup>2</sup> Local health department/jurisdiction | <input type="checkbox"/> <sup>6</sup> Community-based organization / non-profit   |
| <input type="checkbox"/> <sup>3</sup> Hospital or community health clinic  | <input type="checkbox"/> <sup>7</sup> Business / corporation                      |
| <input type="checkbox"/> <sup>4</sup> College or university                | <input type="checkbox"/> <sup>8</sup> Other, please specify _____                 |

Work Number (include extension if applicable) \_\_\_\_\_

Home / alternate Number \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Alternate email (if applicable) \_\_\_\_\_

## Position category / title (please check ONE)

- |   |   |
|---|---|
| <input type="checkbox"/> <sup>1</sup> Biostatistician                                   | <input type="checkbox"/> <sup>12</sup> Infection Control / Disease Investigator           |
| <input type="checkbox"/> <sup>2</sup> Bioterrorism Coordinator                          | <input type="checkbox"/> <sup>13</sup> Nurse Practitioner / Physician Assistant           |
| <input type="checkbox"/> <sup>3</sup> Community Outreach / Field Worker                 | <input type="checkbox"/> <sup>14</sup> Occupational Health and Safety Technician          |
| <input type="checkbox"/> <sup>4</sup> Emergency Management (FEMA, civil defense, etc.)  | <input type="checkbox"/> <sup>15</sup> Physician  |
| <input type="checkbox"/> <sup>5</sup> Environmental Health Specialist                   | <input type="checkbox"/> <sup>16</sup> Public Health Laboratory Specialist                |
| <input type="checkbox"/> <sup>6</sup> Epidemiologist                                    | <input type="checkbox"/> <sup>17</sup> Public Health or Registered Nurse                  |
| <input type="checkbox"/> <sup>7</sup> First Responder (EMT, paramedic, rescue, Haz Mat) | <input type="checkbox"/> <sup>18</sup> Public Health Student                              |
| <input type="checkbox"/> <sup>8</sup> Health Educator or Trainer                        | <input type="checkbox"/> <sup>19</sup> Public Info Staff (liaison, public relation, etc.) |
| <input type="checkbox"/> <sup>9</sup> Health Information Systems / Data Analyst         | <input type="checkbox"/> <sup>20</sup> Teacher / Faculty                                  |
| <input type="checkbox"/> <sup>10</sup> Health Planner / Researcher / Analyst            | <input type="checkbox"/> <sup>21</sup> Veterinarian                                       |
| <input type="checkbox"/> <sup>11</sup> Hospital or Health Administrator / Management    | <input type="checkbox"/> <sup>22</sup> Other, please specify _____                        |

Organization \_\_\_\_\_

Division \_\_\_\_\_

Would you like (check one if applicable):  CMEs or  NURSING CEUs

Please provide LICENSE NUMBER if you circled above: \_\_\_\_\_

## Optional demographics

Sex (please check ONE)  Female  Male  Other

Ethnicity (check one or fill in the following space for other or mixed heritage): \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> <sup>1</sup> Asian / Asian American / Pacific Islander   | <input type="checkbox"/> <sup>2</sup> Caucasian / European descent / White           |
| <input type="checkbox"/> <sup>3</sup> Chicano / Mexican / Latin(-o,-a) / Hispanic | <input type="checkbox"/> <sup>4</sup> African American / African descent / Black     |
| <input type="checkbox"/> <sup>5</sup> American Indian / Native American descent   | <input type="checkbox"/> <sup>6</sup> Mixed heritage (please specify in space above) |

Name (Last, First, Middle) \_\_\_\_\_ Date \_\_\_\_\_

**Courses (to choose, circle enroll next to course)**

Enroll      **PH N257: Essential Field Epidemiology: Outbreak Investigations**  
**Instructor:** Tomás Aragón, MD, DrPH  
**Location:** 2326 Tolman Hall (Lecture); 212 Wheeler (Lab), UC Berkeley Campus  
**Schedule:** July 28-August 8, 2008; Monday - Friday, 9am – 12pm, 1pm – 4 pm

Enroll      **PH 251D: Applied Epidemiology Using R**  
**Instructor:** Tomás Aragón, MD, DrPH  
**Location:** 2311 Tolman Hall, UC Berkeley Campus  
**Schedule:** August 27 - December 10, 2008; Tuesday, 12pm – 2pm

Enroll      **PH 257B: Public Health Preparedness & Emergency Response**  
**Instructor:** Tomás Aragón, MD, DrPH  
**Location:** 2304 Tolman Hall, UC Berkeley Campus  
**Schedule:** August 27 - December 10, 2008; Tuesday, 10am – 12pm