

CIDER Fall 2009 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 Readiness

1918 University Avenue, 4th 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 idready@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"/> ¹ State health department/jurisdiction | <input type="checkbox"/> ⁵ Law enforcement / fire / emergency response |
| <input type="checkbox"/> ² Local health department/jurisdiction | <input type="checkbox"/> ⁶ Community-based organization / non-profit |
| <input type="checkbox"/> ³ Hospital or community health clinic | <input type="checkbox"/> ⁷ Business / corporation |
| <input type="checkbox"/> ⁴ College or university | <input type="checkbox"/> ⁸ 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"/> ¹ Biostatistician | <input type="checkbox"/> ¹² Infection Control / Disease Investigator |
| <input type="checkbox"/> ² Bioterrorism Coordinator | <input type="checkbox"/> ¹³ Nurse Practitioner / Physician Assistant |
| <input type="checkbox"/> ³ Community Outreach / Field Worker | <input type="checkbox"/> ¹⁴ Occupational Health and Safety Technician |
| <input type="checkbox"/> ⁴ Emergency Management (FEMA, civil defense, etc.) | <input type="checkbox"/> ¹⁵ Physician |
| <input type="checkbox"/> ⁵ Environmental Health Specialist | <input type="checkbox"/> ¹⁶ Public Health Laboratory Specialist |
| <input type="checkbox"/> ⁶ Epidemiologist | <input type="checkbox"/> ¹⁷ Public Health or Registered Nurse |
| <input type="checkbox"/> ⁷ First Responder (EMT, paramedic, rescue, Haz Mat) | <input type="checkbox"/> ¹⁸ Public Health Student |
| <input type="checkbox"/> ⁸ Health Educator or Trainer | <input type="checkbox"/> ¹⁹ Public Info Staff (liaison, public relation, etc.) |
| <input type="checkbox"/> ⁹ Health Information Systems / Data Analyst | <input type="checkbox"/> ²⁰ Teacher / Faculty |
| <input type="checkbox"/> ¹⁰ Health Planner / Researcher / Analyst | <input type="checkbox"/> ²¹ Veterinarian |
| <input type="checkbox"/> ¹¹ Hospital or Health Administrator / Management | <input type="checkbox"/> ²² 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"/> ¹ Asian / Asian American / Pacific Islander | <input type="checkbox"/> ² Caucasian / European descent / White |
| <input type="checkbox"/> ³ Chicano / Mexican / Latin(-o,-a) / Hispanic | <input type="checkbox"/> ⁴ African American / African descent / Black |
| <input type="checkbox"/> ⁵ American Indian / Native American descent | <input type="checkbox"/> ⁶ Mixed heritage (please specify in space above) |

Name (Last, First, Middle) _____ Date _____

Courses (to choose, circle enroll next to course)

Enroll	PH 257B: Public Health Preparedness & Emergency Response Instructor: Tomás Aragón, MD, DrPH, Director and Medical Epidemiologist, Center for Infectious Diseases & Emergency Readiness Location: 127 Dwinelle Hall, UC Berkeley Campus* Dates of Instruction: September 1- December 8, 2009; Tuesdays, 10am – 12pm*
Enroll	PH 251D: Applied Epidemiology Using R Instructor: Tomás Aragón, MD, DrPH, Director and Medical Epidemiologist, Center for Infectious Diseases & Emergency Readiness Location: 127 Dwinelle Hall, UC Berkeley Campus* Dates of Instruction: September 1- December 8, 2009; Tuesdays, 12pm- 2pm*
Enroll	Concepts in Relational Database Design: Applications for Public Health Instructor: Wayne Enanoria, PhD, MPH, Director of the Epidemiology Preparedness & Informatics Program, Center for Infectious Diseases & Emergency Readiness Location: Online Training, please visit www.idready.org for updates and lectures Dates of Instruction: October 2009*

*Location and Dates are subject to change. Please check website (www.idready.org) for updates.