



ND MEDICAL RESERVE CORPS LEADERSHIP TRAINING
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESPONSE & LICENSURE SECTION
SEPTEMBER 2024 – JUNE 2025

Name			
Street Address			
City	State	ZIP Code	County
Email Address			Telephone Number
Type of Professional License			Professional License Number
List any specialty or advanced training you have (ICS 100, ICS 200, Advanced Licensures, etc.)			
I will need hotel accommodations for these days Yes No			
*You will be responsible for booking hotel rooms at an approved State Rate Direct Bill Hotel.			
* ND OMB will NOT pay mileage, meal per diem, or lodging for attendees living within 40 miles of the training location.			

This form may be completed and mailed to:
North Dakota Department of Health and Human Services
Emergency Preparedness and Response Unit
1720 Burlington Dr – Suite A
Bismarck ND 58504-7736

You may also submit the completed form via email to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov.

For questions, please call our office at 701-328-2270 or e-mail us at dems@nd.gov.

