

TRAINEE INFORMATION



COURSE INFORMATION

Course		Date		
ONTACT INFORMA	TION			
First Name	MI	Last Name		
Street				
City				
State Zip Code	Best Phone N	lumbor	Year Of Birth	
State Zip Code	Best Pilolle N		real Of Bil (ii	
E-mail Address				
DEMOGRAPHICS				
Gender Identity	Primary Language H	lighest Education Level	Race/Ethnicity	
○ Male ○ English		O Primary/Elementary School Hispanic or Latino		
○ Female ○ Spanish		O Some High School Black or African American		
○ Non-Binary ○ Other		High School GradSome College/Tech SchoolMhite		
 Prefer not to Answer 		College/Tech Degree	Asian	
		Some Graduate SchoolTwo or More Races		ces
		○ Graduate Degree ○ I prefer not to answer		nswer
			Other	
EMPLOYMENT INFO	DRMATION			
re you currently employ	yed? ○Yes ○ No If ye	es, please answer the questions below		
Occupation		Employer		
Represented by a ui	nion? ○ Yes ○ No			
Occupational Field		Work Setting		
Industrial Hygiene Medicine		Private Industry	 State Government 	Academic
O Public Health	Nursing	Municipal Government	O Federal Government	Non-Profit
Safety	Other	County Government	Public Authority	Other