

Operations Level Hands-on Dates and Locations will be available soon! Check back below for updates:

<https://ceat.okstate.edu/extension/professional-development/courses/oklahoma-hospital-hazwoper.html>

Scroll down to “Important Forms” – “Hands-on Dates & Registration”

Follow us on social media:



www.facebook.com/osuceatprodev



<https://instagram.com/osuceatprodev/>



<https://twitter.com/osuceatprodev>



<https://linkedin.com/company/osuceatprodev>

2023 Operations Level Hands-on Training Registration Form

HOSPITAL FACILITY NAME: _____

HOSPITAL CONTACT NAME: _____

HOSPITAL CONTACT EMAIL: _____

1. Full Legal Name _____ Initial/Refresher Course _____

Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

2. Full Legal Name _____ Initial/Refresher Course _____

Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

3. Full Legal Name _____ Initial/Refresher Course _____

Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

4. Full Legal Name _____ Initial/Refresher Course _____

Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

5. Full Legal Name _____ Initial/Refresher Course _____

Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

6. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

7. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

8. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

9. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

10. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

11. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____

12. Full Legal Name _____ Initial/Refresher Course _____
Email _____

1st) Date _____ AM/PM _____ Location _____

2nd) Date _____ AM/PM _____ Location _____