



**ND MEDICAL RESERVE CORPS LEADERSHIP TRAINING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESPONSE & LICENSURE SECTION  
NOVEMBER 2023 – JUNE 2024

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.)			
Trainings will be held over two consecutive days with a start time of 07:30 CST.			
I will need hotel accommodations for these days <input type="checkbox"/> Yes <input type="checkbox"/> No			
A list of direct bill hotels will be provided to you.			

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](mailto:dems@nd.gov) or via fax at 701-328-0357.

Our website is: [www.hhs.nd.gov](http://www.hhs.nd.gov).

For questions, please call our office at 701-328-2270 or e-mail us at [dems@nd.gov](mailto:dems@nd.gov).

