Emergency Management Certification and State Agency, Response and Support Personnel Certificate Programs
Sponsorship Form

Note: Applicant completes top portion of the form and then submits to Sponsor. If approved, Sponsor submits this form to HSEM Training for acceptance into the identified Emergency Management Program.

Applicant:

Applicant Name: _____

Current Position: _____

County/City/Tribe/State Agency/Organization you are representing: _____

_____

Address: _____

Phone Number & Email Address: _____

_____ _____

Applicant Signature Date

Training Level being requested (circle one): EM Certification Support Certificate

Sponsor Endorsement:

"By signing below, I as County/City/Tribal Emergency Management representative, verify this applicant serves in an emergency management role and endorse his/her participation in the HSEM's Certification or Certificate Program. Please identify the recommended participation level, complete the requested information, sign, and send one copy to HSEM.Training@state.mn.us

Training Level (circle as applicable): EM Certification Support Certificate

County/City/Tribal Emergency Management Representative Name and Organization Represented:

_____

Phone Number: _____

Email Address: _____

_____ _____

Sponsorship Signature Date

For HSEM Use Only:

Date Form Received: _____

HSEM Staff Name (print): _____

Date Applicant notified of Acceptance into the identified Program by HSEM: _____