



RMERT Region 2 APPLICATION

Part 1 :

Last Name _____

First Name _____

Address _____ City _____

Home Phone # _____ Work Phone # _____

Email _____

(2nd Email) _____

Part 2: Approval

Sponsoring Hospital: _____

Manager / Director _____

Print Name

Approval / signature

Work Phone # _____

Email _____

**Please complete the form above in its entirety and return to the
OSF Saint Francis Medical Center – Office of Disaster Preparedness.**