Attachment C

Form Approved/OMB No. 0920-0217

Expiration Date:

APPLICATION FOR TRAINING

1. NAME OF APPLICANT: (Please type or print: Last, First, Middle)

   _____

2. COURSE REQUESTED:_____
   Date:_____
   Location:_____

3. SPONSOR OR EMPLOYER:
   Organization: (Please specify)
   _____
   Address: (Street and/or POB, City, State, Zip Code)
   _____
   _____
   _____
   Office Phone: (Area code and number)_____
   E-mail:_____ Fax:_____

4. OCCUPATION:_____

5. BRIEF DESCRIPTION OF YOUR PRESENT JOB:
   _____
   _____
   _____

6. NUMBER OF YEARS IN CURRENT FIELD OF WORK:_____

7. EDUCATION: Attended college? No:____ Yes:____
   If yes, specify highest degree or number of years attended_____
   Major subject(s) of study_____

8. INDICATE PREVIOUS TRAINING IN MORTALITY CODING OR RELATED SUBJECTS:
   (Complete only for mortality medical coding courses.)
   _____
   _____

Section 304 (b) of the PHS Act (42 USC 242b) authorizes the DHHS Secretary to provide technical assistance in matters relating to health statistical activities. The principal purpose of the information requested in this form is to select students for training. All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). This information may be disclosed in confidence to instructors. Provision of the requested information is voluntary; however, failure to supply all information may delay or prevent action on your application.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SUPERVISOR:_____

Please return the completed and signed form as soon as possible to:

[*Name and address of course coordinator*]

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics