

CONFIDENTIAL
EMResource Enrollment Form

PURPOSE: (CONFIDENTIAL): The data below is used to enroll State of Nevada employees, healthcare professionals, first responders/Police/Fire, or critical infrastructure into EMResource program. This system is designed to alert staff during emergent events in the state. For your information: All data collected is strictly protected and never released without written permission from the System Administrators, or authorized representative. Access to EMResource is strictly controlled. Unauthorized disclosure may subject the person to criminal prosecution by the Nevada Attorney General's Office. Please fill out this form and e-mail it back to the contacts listed below.

All data collected is strictly protected and never released without written permission from the person whom the information belongs to. Access to the EMResource System is strictly controlled to only the System Administrators for the EMResource program.

System Administrators Point of Contacts:

Doug Dame: (Office): 702-486-5023 (Email): ddame@health.nv.gov

Tabatha Hart: (Office): 775-684-5986 (Email): thart@health.nv.gov

Your Program
Name:

Office Location
(City):

First Name:

Middle Initial:

Last Name:

Home Address:

City:

State:

Zip Code:

Work Telephone:

Work Cell:

Home Telephone:

Personal Cell:

Work Email:

Home Email: