

The **OEDI SESSION XXI** is limited to about 30 participants.  
Participant selection is made by the OEDI Executive Board, a representative from the FBI, and a representative from DPSST.

Name: \_\_\_\_\_ DPSST # \_\_\_\_\_  
Last First

Home Add: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_  
Home Work

E-mail Add: \_\_\_\_\_

Public Safety Agency Name: \_\_\_\_\_

Agency Add: \_\_\_\_\_  
Street City Zip

Agency Size: \_\_\_\_\_  
#Sworn # Non-sworn

### **Professional History**

\_\_\_\_\_

Yrs of Service	Rank/Position	# Months in this position
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Will you remain in public safety for at least the next 3 years? \_\_\_\_\_

Have you applied for OEDI before? \_\_\_\_\_. If so, when? \_\_\_\_\_.

List other executive level training you have attended (list additional on back):

\_\_\_\_\_

Training	Date
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\_\_\_\_\_

Training	Date
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I have approved this applicant to attend this training on-duty. If accepted, the applicant will be covered by the insurer indicated below. I and the applicant understand that any illness or injury of applicant not covered by the insurer indicated below will be covered to the extent that he or she would be covered in an on-duty status by their employing agency under personal or agency medical insurance.

### **Circle selection(s)**

SAIF State Accident Ins.      Employing Agency's Ins.      Applicant's Agency Workers Comp. Ins.

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Print Agency Head Name	Signature of Agency Head	Date
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