



safeTALK Workshop Registration

CREDO OKINAWA
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PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of this data collection and how the collected data will be used. Please read it carefully. Under the authority of 5 U.S.C 301 (Departmental Regulations) CREDO Okinawa requests the information below to create a participant roster and to provide demographic information to workshop instructors. Upon completion of the workshop, this registration form and physical rosters will be destroyed. For auditing purposes, a roster comprised only of participants' names, ranks and assigned commands, along with a signed muster will be preserved electronically.

safeTALK PARTICIPANT INFORMATION: (Please print legibly.)

Last Name: _____ First Name: _____ MI: _____

Branch of Service: _____ Rank: _____ Years of Service: _____

Command: _____ E-Mail Address: _____

Work Phone: _____ Home/Cell Phone: _____

WORKSHOP INFORMATION – Date: _____ Time: _____ Location: _____

REGISTRANT'S STATEMENT OF UNDERSTANDING

I understand that I must return this completed form to CREDO.MCBB.FCT@usmc.mil to reserve a spot for the workshop. Upon registration, the safeTALK workshop will be my official place of duty. It is my responsibility to inform CREDO Okinawa if I need to drop from the workshop. My command will be notified if I do not show up for the training. To receive training credit, I must attend the entire workshop (3 hours).

SIGNATURE: _____ DATE: ____/____/____

COMMAND ENDORSEMENT: Must be a Company Commander or Higher (O3 or above)

Rank, Name and Title: _____

Work Phone: _____ Work Email: _____

I acknowledge that the individual above will be attending a CREDO safeTALK suicide intervention training as their official place of duty for the duration of the event (3 hours) and that CREDO staff will inform me if they no-show. CREDO is an official program of the USMC and is provided at no-cost to participants or their commands.

I APPROVE / DISAPPROVE their attendance.

Signature: _____ Date: ____/____/____