



## HIDTA SSL Training Registration Form

Press the "SAVE" button below and email completed forms to [Registration@wb.hidta.org](mailto:Registration@wb.hidta.org)

**\*\*All fields are required for the form to be processed\*\***

Requesting Access to and or Training: (Check all that apply)

New User

Existing User

Refresher Course

MYAPPS Account

Case Explorer (CE)

Performance Management Process (PMP)

ODMap

Network Files Access

Communication Analysis Portal (CAP)

Date of Request \_\_\_\_\_

Date of Training Class\*

\*CE Training dates for the Washington/Baltimore region can be found [HERE](#)

Requestor's Full Name \_\_\_\_\_

DOB: \_\_\_\_\_

First

MI

Last

Agency \_\_\_\_\_

Agency Type:

Federal

State

Local

Military

Other: \_\_\_\_\_

Assigned to HIDTA Initiative:

Yes

No

Dept/Initiative/Task Force \_\_\_\_\_

Agency/Dept/Init/TF Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

ext. \_\_\_\_\_

Alternate Number (optional) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

ext. \_\_\_\_\_

Please direct questions to [Registration@wb.hidta.org](mailto:Registration@wb.hidta.org)

### FOR OFFICE USE ONLY

SSL Username: \_\_\_\_\_

Type of Training: \_\_\_\_\_

Date Trained: \_\_\_\_\_

Coordinator: \_\_\_\_\_