Contact Info

Preferred Training Date

Name	E-mail	Contact Number	Home City	State

Do you require special accommodations (Optional)	If yes, please describe	Medical allergies (Optional)

Executive Department/Agency	Agency	If you are a contractor, please indicate contractor's name

Your agency role	Supervisor/Point of Contact	Contact Number

1. Do you already have an active OPM Secure Portal and e-QIP Account set up for you?

OPM Secure Portal?   e-QIP?

2. Will you be responsible for training other e-QIP users within your agency? If you answer **YES**, please complete questions 3 and 4.

3. How often will you be conducting training at your agency?

4. Approximately how many users will you be responsible for training at your agency?

We require a 48 hour notice on all cancellations. Thank you for your understanding.

Depending on class availability, we will respond with a confirmation e-mail and additional information.