



e-QIP Two Day Train-the-Trainer Course

Registration Form

Please complete this form and return it by email to **FISAgencyTraining@opm.gov**. Depending on class availability, we will respond with a confirmation email and additional information or a list of available class dates.

Contact Information

Name		Work Phone #:	
Agency			
Branch/Component	Human Resources <input type="checkbox"/> (or) Security <input type="checkbox"/>		
E-mail Address	Training Date(s) Preferred		
Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , Notate Company Name	

What e-QIP role(s) do you currently/or will you serve in the investigation request process?
Please check all that apply.

- Initiator Reviewer Approver
 Program Manager Business Manager User Administrator
 Agency Administrator Agency Help Desk

1. What is the name and email address of your organization's e-QIP Agency Administrator?
2. Do you already have an active OPM Secure Portal and e-QIP Account set up for you?
OPM Secure Portal? Yes No
e-QIP? Yes No
3. Will you be responsible for training other e-QIP users within your agency? If you answer **Yes**, please complete questions 4 & 5; if **No**, continue to question number 6.
Yes No
4. How often will you be conducting training at your agency?
5. Approximately how many users will you be responsible for training at your agency?
6. Does your office have a scanner that can be used for e-QIP attachments?
Yes No
7. Summarize your previous and/or current experience with the investigative request process and/or e-QIP.

8. List the title and approximate date(s) of any previous OPM-FIS training courses you have attended.