## Fundamentals of Suitability for Suitability and Fitness Adjudicators - Registration Form

You must submit this registration form to be registered.

Section A - Trainee Information																		
Desired Session																		
Trainee's Last Name				Middle Initial				Work Email							Birt	hdate		
Trainee's First Name				Suffix				Work Phone								Ext.		
Name as it is to appear on a certificate										Personal Phone Number*								
Home City				St			е			* d	*Number must be able to reach you to communicate class delays, cancellations, etc., while the program is in session							class sion.
Do you require any special accommodations?									En	nergen	icv C	Contact Name						
If yes, please describe.											ncy Contact Day Phone							
Medical Allergies (Optional)										ncy Cor	ntact	t Night Phone						
Section B – Employment Information																		
All blocks must be completed																		
Name of Department/Agency											Appointment Type			•				
Agency				Office								Position Title						
Mailing Address				Floor/S				uite/l	Init			Position Level						
City	ity			State			Zip	Code			Position Series							
Education Level			Ye	Years of experience in adjuc				lications?				Pay Plan		Gra	ade		Step	
Section C – Approval  All blocks must be completed																		
Supervisor's Name								Supervisor's Email										
Supervisor's Nui	mber			Ext.			Sı		upervisor's Title									
Supervisor's Signature		-						Date Approved										

If you need assistance completing this form, please contact 724-794-7196.

Submit upon completion to <a href="mailto:SuitEAtraining@opm.gov">SuitEAtraining@opm.gov</a>. Registration will be confirmed via email.

Access to the prerequisite Introduction to Suitability course and instructions for joining the class virtually will be provided prior to the registered session.