Employer Sign-Up Tip Sheet

1. Go to HazComOnlineTraining.org
2. Click on "Employer Info & Sign-Up" on top menu
3. Click the "Sign-Up" button located at the bottom of the page

From the Employer Sign-Up Page, click on the link to see if your organization has already been signed up. If not, continue through the following process.

Instructions:

- Click here to see if your organization is already signed up.
- Complete the form below and click the "Request for Sign-Up" button.
- Confirm information by clicking Submit.

Complete Contact Information in Section 1

- Complete all required fields

1. Contact Information

First Name: *
Middle Name:
Last name: *
Your Title: *
Work Email: *
Phone: *

Complete Employer Information in Section 2

- Complete all required fields

2. Employer Information

Name of Employer: *
Department:
Address: *

City: *   State: * --- Sel ▼   Zip: *

Complete Set-up Information in Section 3

- Provide all formats of accepted work-related email on separate lines.
- This automatically identifies employees in your organization who need access to training.
- For example, if the identified work email format is john.doe@organization.org and the user enters johndoe@hotmail.com, access will be denied.

3. Set-up Information

Individuals will be automatically approved for training when registered with an email address that is consistent with their employer's approved email format.

- Email format will clearly indicate that the individual is part of a registered organization.
- Personal email addresses will not be accepted.
- Examples of approved email addresses are below.

Please indicate the approved format for email addresses for your organization in the space provided below.

Acceptable Email Format: eg: @organization.org
(Enter one per line) *
eg: @organization.org
eg: @organization.edu

Complete Billing Information in Section 4

- Complete all required fields
- Click "Request for Sign-Up" button

4. Billing Information

Bill to contact person as indicated in the Contact Information section above.

First Name: *
Middle Name:
Last name: *
Your Title: *
Work Email: *
Phone: *
Name of Employer: *
Department: *
Address: *

City: *   State: * --- Select ▼   Zip: *

Request for Sign-Up »

Verify Information

- Make any necessary edits
- Click "Confirm Sign-Up" button

« Edit   Confirm Sign-Up

Confirmation Screen

- Form has been successfully submitted
- We will review your request
- We will contact you with further information
- If you need immediate access to the training, please call (316) 978-5794

Submission Successful

Your submission was successful. You will receive an automated confirmation email that will provide you with additional information.