Contact Enrollment Request Form

California Health Alert Network

Kings County
Department of Public Health
A Healthy Place to Live, Work, & Play

The California Health Alert Network (CAHAN) is an Everbridge based disaster notification platform that connects federal, state, local, and tribal partners with important public health and medical alerts to support the active roles they play in emergency response. CAHAN is designed to accommodate local response networks for sharing emergency alerting and preparedness information such as drills, disease treatment and prevention advisories, and communications that strengthen state and local emergency preparedness.

The nearly 30,000 participating CAHAN contacts include professionals working in public health, environmental health, emergency medical services, and healthcare allied services.

CAHAN links critical health and emergency response partners together to provide:

- Rapid and secure communications system among state and local health agencies, health care providers, emergency management officials, and other emergency response partners
- Dissemination of announcements from local, state or federal public health authorities to inform health and medical service personnel of likely or imminent dangers to the health of their community
- Secure collaborative environment to develop and share information for emergency preparedness planning and response

To be added to the system, please complete the 2nd page.

BE PREPARED CALIFORNIA

CA HAN
California HEALTH ALERT NETWORK
KINGS COUNTY

Personal Information	
Name	
Organization/Dept.	
Title	
Professional Licenses	
Specialties	
Languages spoken	
CPR certification	(YES) (NO)

	Home Contact Information	
	Address	
	City, State, Zip	

	Work contact Information	
	Address	
	City, State, Zip	

List Priority of contact	Alternate Contact information	
#	Email (required)	
#	Land Line (not cell):	
#	Primary Cell:	
#	Secondary Cell:	
#	Primary Text:	
#	Secondary Text:	
#	Optional	

I certify that that the above information is true and accurate to the best of my knowledge. I understand that the information on this form will be posted to CAHAN and is accessible by California Department of Public Health, Emergency Preparedness Office. All information on this form is confidential.

Employee Signature: _____ Date: _____

Please return completed form to KC.MHOAC@co.kings.ca.us

FOR OFFICE USE ONLY		
RECEIVED DATE:	ENTERED ON:	ENTERED BY:
EXTERNAL ID:	RECORD TYPE:	
LOCAL REQUIRED POSITION:		