

Request for Course Number Assignment
(Training Program Description Information Sheet)

Note: This form to be completed when staff member/trainer-instructor requests to have training information recorded in Facility's Training Record System. It is not necessary to complete this form for routine outservice training events.

Requesting Individual: _____

Work Unit/Department: _____

Telephone # _____ Date of Request: _____

- Course/program title: _____
- Main subjects covered in training: _____
- Purpose/requirement for training: _____

- Course length: _____ Initial offering: _____
- Employees/groups targeted for training: _____
- Course developed/sponsored by: _____
(*Attach outline or lesson plan summary)
- Course to be instructed by: _____, _____
- Goals/desired learning objectives(DLOs): _____

- Specific Instructional aides? _____
- Criteria for Completion*: **Attendance Competency Test Demonstration Pass**
**circle one*

assigned: _____ - _____