

Date of Request	Lead Instructor (one only):
	Second Instructor(s):
	Co-Teach Instructor(s):

Indicate if this is to be posted on AEMA's Public Training Calendar (website)* ☐ YES ☐ NO

Request (This section is to be completed by the Lead Instructor)	
Course Name	
In-Class / Video Delivery	
Course Date(s)	to
Start / End Time(s)	
Contact Name for Registration & Inquiries	
Title / Position	
Phone Number	
Email Address	
Training Location (Facility Name and Complete Address)	
Intended Audience (Local Authority/Organization Name)	
Estimated # of Attendees	
Additional Notes	

Completion (This section is to be completed by TCS)	
Course #	
Entered in Public Calendar	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Publicly posting for emergency partners helps fill seats (can charge) and encourage interoperability.