

TRAINING REQUEST FORM

Date: _____

Coalition: _____

Course Information

Course Name: _____

Offered By: _____

Primary Instructor: _____

Training Description: _____

Gaps, Risks, and/or Corrective Actions Addressed: _____

Registration Open Date: _____

Maximum Number of Participants: _____

Anticipated Course Cost(s): _____

Course Schedule:

Day 1	Date: _____	Start/End Times: _____
Day 2	Date: _____	Start/End Times: _____
Day 3	Date: _____	Start/End Times: _____
Day 4	Date: _____	Start/End Times: _____
Day 5	Date: _____	Start/End Times: _____

Justification (Please describe the preparedness gap that necessitates the training):

SUBMIT COMPLETED FORM TO DPH AT EPR.training@dph.ga.gov