

# TRAINING COURSE FORM

Date: \_\_\_\_\_ Coalition: \_\_\_\_\_

## Course Information

Course Name: \_\_\_\_\_

Offered By: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_

Training Description: \_\_\_\_\_

Gaps, Risks, and/or Corrective Actions Addressed: \_\_\_\_\_

## Course Options

- Advertise
- Allow Self Registration
- Require Registration Approval
- Generate Evaluations
- Exclude participant counts from course advertisement
- Automatic Waitlist Handling
- Generate Certificates

Registration Open Date: \_\_\_\_\_

Maximum Number of Participants: \_\_\_\_\_

Anticipated Course Cost(s): \_\_\_\_\_

## Course Schedule

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

Additional Information/Comments: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO DPH (EPR.training@dph.ga.gov)**