



Course Coordination Request Form

Today's Date:		Requestor's Name:		
Course Code & Title:				
Primary Dates & Times:		Secondary Dates & Times:		
Local Course Manager Point of Contact	Organization Name:			
	Contact Name:			
	Phone Number:			
	Email Address:			
Instructor Information <i>Please leave blank if you do not have an instructor.</i>	Lead Instructor's Name:			
	Other Instructor's/SME Name:			
Location of Training	Name of Building:			
	Address:			
	City, State, Zip:			
	Phone number:			
	Facility Point of Contact:			
Course Support	Please check all boxes that apply for support from the State Training and Exercise Program:			
	<input type="checkbox"/>	Place on OEM Calendar	<input type="checkbox"/>	Provide materials
	<input type="checkbox"/>	Create a flyer for course	<input type="checkbox"/>	Advertise on Listserv
	<input type="checkbox"/>	Provide an instructor		
	<input type="checkbox"/>	Other:		
Maximum number of students who can attend the class:				
Are students outside of your organization welcome to attend?		Yes	No	

- Email completed form to demtraining@oem.nv.gov
- Please submit requests at least 90 days prior to the course start. We understand last minute training requests happen and will work with the requester to meet timelines on a case-by-case basis
- Training requests will be reviewed by NVOEM and notifications will be sent regarding the status of the request using email for the local POC