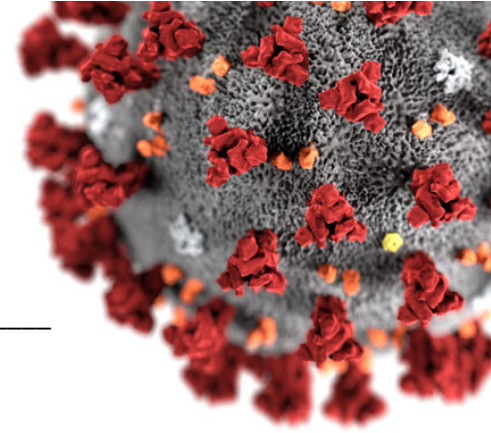


TRAINING COURSE FORM | COVID-19 CARRYOVER

For Training Registration System (TRS)



Date: _____ Requesting Coalition: _____

Course Information

Course Name: _____

Offered By: _____

Location: _____

Can be TBD if UGA is handling venue logistics

Building/Room: _____

Primary Instructor: _____

Training Description: _____

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

Course Options

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertise | <input type="checkbox"/> Allow Self Registration | <input type="checkbox"/> Require Registration Approval |
| <input type="checkbox"/> Generate Evaluations | <input type="checkbox"/> Exclude participant counts from course advertisement | <input type="checkbox"/> Automatic Waitlist Handling |
| <input type="checkbox"/> Generate Certificates | | |

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: _____

Additional Information/Comments: _____

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

DPH Use Only | Received: _____ | Entered into TRS: _____
DPH Authorized Signature: _____ Date: _____
Comments: _____