

TRAINING COURSE FORM

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

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

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: