



COURSE DELIVERY REQUEST FORM



TRAINING EVENT INFORMATION

COURSE TITLE

PER410: Enhancing Planning, Preparedness and Response to Pandemics and Other Large-Scale Public Health Emergencies

COURSE REQUESTOR

Name _____
Title _____
Phone _____
Email _____
Fax _____
Sponsoring Organization _____

SAA TRAINING OFFICER

Same as Course Requestor
 Not Sure
Name _____
Email address _____

TRAINING DELIVERY:

- In-Person: 2 days for 8-hours/day
 Virtual via Zoom: 4 days for 4-hours/day

PROPOSED DATE/TIME: (provide 2-3 dates)

Option 1 _____
Option 2 _____
Option 3 _____
Optional Comments _____

LOCATION & SHIPPING

IF DELIVERY IS VIRTUAL, ONLY COMPLETE THE RELEVANT INFORMATION

CLASSROOM LOCATION

Room Name _____
Building Name _____
Street Address _____
State _____
Zip _____

FACILITY CONTACT (if different than training contact)

Name _____
Phone _____
Email _____

SHIPPING INFORMATION

Ship to Classroom Location
Shipping Address _____
Name* _____
Phone* _____
Email* _____

Is the training facility on a regular route with daily pick up for the following shippers: *(Check all that apply)*

- FedEx
 UPS
 Other _____

GENERAL AREA

RECOMMENDED AIRPORT

Approximate Distance from Training Site _____
General Directions _____

RECOMMENDED HOTEL

Address _____
Phone _____
Website Link _____

COURSE DELIVERY REQUEST FORM CONTINUED

REGISTRATION & MARKETING INFORMATION

CAFSP uses the Canvas LMS platform to provide information, registration, assessments, and course materials.

Does your organization also have a registration system that needs to be used? If so, please provide a link:

REGISTRATION POC

Please provide the following details if different from the Training Contact:

Name _____
 Phone _____
 Email _____

CAFSP can create a marketing flyer to promote this training delivery. Would you like CAFSP to create a flyer and perform marketing?

- Yes, CAFSP should create a flyer
- No, we will perform all marketing

Optional Comments

TRAINING FACILITY

The minimum number of participants required to host an in-person training course is **21**. Participants will need space to move into groups and perform activities.

ROOM SET-UP

Do you have a classroom that can comfortably seat 45 students? Yes No
If not, how many individuals will the classroom accommodate at full capacity? _____

At what time will instructors have access to the training facility/classroom the day prior to the training for set up and A/V check? _____

If access is not available the day prior, how early on the day of training will instructors have access to the site? We recommend no less than 1 hour prior to start. _____

At what time will the training facility be open to sign in participants? (We recommend at least 30-45 minutes prior to the start of training) _____

TECHNOLOGY

Will instructors have access to a:

- Screen
- Projector
- Laptop or computer with PowerPoint 2007 or higher and flash-drive compatibility

If NO, are appropriate connections available for hookup of external laptop? _____

- Internet access (wireless, strong signal needed)
- Speakers (*either USB compatible peripherals or hard-wired into classroom*)

Optional Comments _____

Will support be on hand to assist with student check-in or any A/V problems? *If YES, please provide contact information for these individuals:*

Student check-in support:
 Name _____
 Phone _____

Technology support:
 Name _____
 Phone _____

COURSE DELIVERY REQUEST FORM CONTINUED

TRAINING FACILITY Continued

Will the training facility have coffee and water available for students? Yes
(Please note that CAFSP cannot provide these items.)

Does the training facility have special parking requirements? If YES, please describe:

INSTRUCTORS & OTHER ADMINISTRATIVE REQUIREMENTS

Will instructors need special certification or clearance in order to instruct in your area/state?

If yes, please provide details _____

Are there other forms or paperwork that participants must complete to meet state or local requirements?

If YES, please provide those to CAFSP prior to the training.

ADDITIONAL INFORMATION

Please provide us with any additional information or details about the training facility, audience, and general area that would assist us in providing a quality training experience.

Thank you for completing this course request form. Please return it to CAFSPoperations@UTK.edu.