

In – State TRAINING COURSE REQUEST – pg.2

- **3.** Additional locally required Health and Safety Measures, as appropriate, can be maintained: Yes No
- **4.** Are students traveling into area to attend the course? Yes No
- **5.** Instructor Status:
 - a. Number of required instructors. _____
 - b. Are instructors virtual? Yes No Both
 - c. Is transportation required for instructors? Yes No
 - d. Are instructors traveling into area to deliver the course? Yes No
- **6.** Lodging requirements – Are overnight stays (lodging) required? Yes No
 - a. Can proper health protections be provided? Yes No
 - b. Can transportation support proper health protection? Yes No
- ****This course request form supersedes all other course request forms – No other forms will be accepted. This form must be submitted to the TEMA regional office and forwarded to TEMA Training for review and approval.**

Thru: TEMA WEST MIDDLE EAST Regional Office

FROM: TEMA Training

To: _____
Requestor

_____ Date _____ TEMA HQ Training Section - STO

1. The above course is Approved / Disapproved.
2. Travel is Approved / Disapproved
3. Comments: _____

Date Received		
	Initials	Date
Instructor Verified		
Course Material		
In TMS / Acadis		
On Calendar		
Returned to Region		