

To: TEMA WEST MIDDLE EAST Regional Office

From: _____
Requestor

Course Name: _____

Course Number: _____ Need Instructor Need Books Need Location

Instructor: _____ Classroom Delivery Virtual Delivery

Adjuncts: _____

Date(s) _____ Time(s) _____ Number of Students: _____

Location: _____
Street Address City County

Travel is requested for _____ for _____ (Requires TEMA STO Approval)
Number of Persons Number of Nights

Date Signature of Requestor

To: TEMA Training _____ From: WEST MIDDLE EAST Regional Office

Region has books Region needs books

I have **reviewed** the above request and recommend Approval Disapproval.

Assigned Instructor is: _____

Date Regional Director

COURSE DELIVERY DETAILS – Safety Considerations

- **1. Local COVID-19 Conditions:**
 - a. Local Stay-At-Home orders in effect. Yes No
 - b. Does the current local health conditions allow for proposed class size to meet? Yes No
- **2. Primary Health and Safety Measures (host responsibility):**
 - a. Distancing - classroom set-up and movement controls
 - b. Can student and instructor temperatures be taken daily? - Yes No (if yes – the standard is individual temperatures can not be higher than 100.4 degrees and temperature checks are done daily, before entering classroom at the start of the class).
 - c. Social Distancing can be maintained. Yes No
 - d. Masks will be available – and use will be as per CDC guidelines. Yes No
 - Will you need masks? Yes No
 - e. Hand sanitizer will be available. Yes No
 - Do you need hand sanitizer? Yes No
 - f. Hand washing options will be available. Yes No

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- **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		