Kansas Division of Emergency Management
Training Office
COURSE REQUEST

This form should be used for <u>any</u> course request including State and Federal delivery courses. When complete, send to your County Emergency Manager, who will determine approval and forward to the State Training Officer. You will be contacted by KDEM to confirm the course request.

Requesting Agent

Name: **Date:**

Organization: **County:**

Street Address: City: Zip:

Office Phone: ( ) Cell: ( ) Fax: ( )

Email:

County Emergency Manager's Name:

Local Point of Contact *(if different than requesting agent)*:

POC Phone: POC Email:

Course Requested

Course Code: **Course Name:**

Course Date:

Course Provider Name:

Course Venue (*location name*):

Building Name *(if applicable)*: Room # or Name:

Address: City: County: Zip:

Class Max Capacity:

Additional Information

(i.e.: Have booked instructor, Parking Directions, Amenity Info or anything else to show on the "Details" page in ks.train)

KDEM Point of Contact

After KDEM receives the completed Request Form from your County Emergency Manager, we will contact the Requesting Agent to confirm the request. If you have questions regarding this process or need help completing this form, email **Greg Myer** at Greg.S.Myer.nfg@mail.mil or call 785-646-3023.

For KDEM Office Use

Date request was received: Date request was approved:

Lodging Arrangements offered by KDEM: ☐ Yes ☐ No

Instructor Fees covered by KDEM: ☐ Yes ☐ No

Course materials issued by KDEM: ☐ Yes ☐ No

Other comments:

Request approved by:

Revised Nov 2017