		Y MANAGEMENT AGE	ENCY	PEMA Control #		DNLY			
	Course Instruction Request (CIR)								
Date of Request: (fillable form)									
Requesting Entity:		Type of Entity	Type of Entity:						
	Contact Name:								
E-mail Address:		Phone Number	Phone Number:						
1. Cou	ype Course: rse Information		Other (please specify):						
Cou	Course Code & Title: Cour			Irse Hours	se Hours:				
	Course Cription:								
Instr	uction Address:								
Prim	ary Date Range:	to	Secondary Date Range:	to Yes	No	NA			
2.	 Has an EHP been submitted for this course/event? Does this course/event only involve classroom training and does not involve any hazardous activities, hazardous materials, toxic waste, or other controlled substances or materials? Is this event Law Enforcement sensitive, or should not be publicly advertised by PEMA? Is this course included on the PEMA Training and Exercise Plan (TEP)? 								
6.	Is your facility ADA comp	liant?							

2. Session Manager or Student Name:

E-mail Address:		Phone Number:		
3. Funding Source:	Grant Program:	Grant Year:		
Other:	Project Name:			
4. Course Costs: Instructor or Course Fee: Lodging Expenditure:	Materials & Se Meals & Incide	Other		
Total Estimated Cost:	Backfill & Over	time:		

5. Additional Information (such as instructor names)

PEMA Course Instruction Request Assessment										
Declined:	Accepted:	EHP: T	EP:	Instructor Assigned:	Add to TRAIN PA:					
Reason for Decline or Administrative Comments (if needed)										
Accept or Declin	ne Signature:			Reviewing Signature:						
Bureau of Planning, Training and Exercise Pennsylvania Emergency Management Agency			Bureau of Planning, Training, and Exercise Pennsylvania Emergency Management Agency							