pennsylvania
EMERGENCY MANAGEMENT AGENCY

PEMA USE ONLY
Control #

Course Instruction Request (CIR)

(fillable form)

Date of Request: _____

Requesting Entity: _____ Type of Entity: _____

Contact Name: _____

E-mail Address: _____ Phone Number: _____

Type Course: _____ Other (please specify): _____

1. Course Information

Course Code & Title: _____ Course Hours: _____

Brief Course Description: _____

Instruction Address: _____

Primary Date Range: _____ to _____ Secondary Date Range: _____ to _____

	Yes	No	NA
1. Has an EHP been submitted for this course/event?	○	○	◉
2. 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?	○	○	◉
3. Is this event Law Enforcement sensitive, or should not be publicly advertised by PEMA?	○	○	◉
4. Is this course included on the PEMA Training and Exercise Plan (TEP)?	○	○	◉
5. Do you agree to obtain PEMA's approval of instructors or course providers? (Example would include: "G" courses paid for with local or third party providers paid for with Task Force funds.)	○	○	◉
6. Is your facility ADA compliant?	○	○	◉

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: _____ Materials & Services: _____ Travel: _____

Lodging Expenditure: _____ Meals & Incidentals: _____ Other: _____

Total Estimated Cost: _____ Backfill & Overtime: _____

5. Additional Information (such as instructor names)

Submit Form

PEMA Course Instruction Request Assessment

Declined: ☐ Accepted: ☐ EHP: ☐ TEP: ☐ Instructor Assigned: ☐ Add to TRAIN PA: ☐

Reason for Decline or Administrative Comments (if needed)

Accept or Decline Signature:

Bureau of Planning, Training and Exercise
Pennsylvania Emergency Management Agency

Reviewing Signature:

Bureau of Planning, Training, and Exercise
Pennsylvania Emergency Management Agency