

Course Number: _____ Course Title: _____ Classroom Hours: _____
Date From: _____ Date To: _____ Course Location: _____
Lead Instructor: _____ Unit Instructors: _____

| Print Name | Last 4 of SS# | Mailing Address | Telephone # | E-Mail Address | County | Category* |
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¹ CATEGORIES ARE (LE) LAW ENFORCEMENT, (EMS) EMERGENCY MEDICAL SERVICES, (EM) EMERGENCY MANAGEMENT AGENCY, (FIRE) FIRE SERVICE, (HM) HAZARDOUS MATERIALS, (PW) PUBLIC WORKS, (GA) GOVERNMENT ADMINISTRATIVE, (PSC) PUBLIC SAFETY COMMUNICATIONS, (HC) HEALTH CARE, (PH) PUBLIC HEALTH, (O) OTHER

TO BE FILLED OUT BY THE INSTRUCTOR(S)

PLEASE PRINT INFORMATION

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| PRIMARY INSTRUCTOR: (PROVIDE ADDRESS) | |
| SUPPORT INSTRUCTOR(S): | |

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| FEDERAL GRANT AND YEAR USED FOR COURSE: (OR LIST MOA NUMBER IF APPLICABLE) | | | |
| TOTAL NUMBER OF STUDENTS: | | | |
| TOTAL NUMBER OF COURSE HOURS: | | | |
| TOTAL STUDENT CONTACT HOURS (# STU X # HRS) | | | |
| STUDENT BREAKOUT BY CATEGORY | | | |
| # LE | # EMS | # EM | # FIRE |
| # HM | # PW | # GA | # PSC |
| # HC | # PH | # OTHER | |