

EDUCATION AND TRAINING COURSE REQUEST FORM

Name: _____ Last 4 SSN: _____

Rank/ Corp/ GS/ Cont: (RN, MD, DO,..etc) _____

E-mail Address: _____

Work Space: _____ Phone #: _____

Assigned Directorate: _____

Course Requesting: _____ Date of Course: _____

Required For Job Position(circle one): YES or NO

BLS Expiration Date: _____

**ALL INFORMATION NEEDS TO BE FILLED IN TO ASSIST THE
RESUSCITATIVE MEDICINE TRAINING TEAM IN THE PRIORITIZATION
PROCESS.**

**ALSO, MUST INCLUDE A COPY OF YOUR CURRENT BLS CARD AND A
COPY OF THE CURRENT CARD FOR THE COURSE YOU ARE REQUESTING,
IF RECERTIFYING. (FRONT AND BACK)**

If you have any questions please contact the Program Manager (Found on the Training Calendar) of the course you wish to attend at (910) 450-4196. You will be notified by email of selection. CANCELLATIONS should be via email or written memo brought to the SEAT Department at least 1 week prior to the course. If you do not include a copy of current BLS card and current card for course requesting your request may not be processed by order of priority.

Requesting Member Signature: _____ Date: _____

Division Officer Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____