



# Bluegrass CSEPP Request for Training Form

**CSEPP County Requesting Course**

\_\_\_\_\_

**Course Information**

Course Title \_\_\_\_\_

Requested Instructors(s) \_\_\_\_\_

Requested Dates \_\_\_\_\_

Course Start Time \_\_\_\_\_ Course End Time \_\_\_\_\_

**Course Location**

Host Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Comments**

**CSEPP Coordinator/EMD Approval**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**KYEM CSEPP Training Officer Approval**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_