



HRPWA Course Interest Form

Please complete and return to LeeAnn Azar.

Name of person submitting request: _____ Date: _____

Course Name: _____

Course description/objectives-please be specific: _____

Approx. Class length (hours): _____

Any potential trainers? If yes, please provide contact details:

Name/Title _____

Company _____

Phone Number _____

email _____

PDH or certification needed (if yes, please specify #) _____

Training level (awareness, compliance or certification) _____

Any class size limits? _____

Any timeframe? _____

Maximum cost per student _____

Target audience _____

Number of people from your agency to attend (approx.) _____

Other comments _____

Please submit any supporting documents/training pamphlets with this request.