



ALLEGHENY COUNTY EMERGENCY SERVICES – EMERGENCY MANAGEMENT REMOTE DELIVERY/ON-SITE TRAINING COURSE APPLICATION

This form must be submitted to the ACES-EMA Training and Exercise Coordinator
with at least 6 weeks lead time before proposed starting date.

To be completed by organization requesting the course		
COURSE TITLE:		
PROPOSED STARTING DATE:		PROPOSED TIMES:
Indicate any other dates/times this course will meet:		
Local contact person name & address:		Telephone: E-mail:
Course location: (include Street, City, State, Zip)		DOH Con-Ed Registration Requested (check one) Yes: ____ No: ____
Have you already have contacted an instructor for this course? Name, Address, Phone, and/or E-Mail of Proposed Instructor:		YES: ____ NO: ____
Signature of Requesting/Employing Agency Representative (Chief, Training Officer, President, etc.) Signature also attests that Organization's insurance carrier provides accident insurance and workmen's compensation coverage for the participants.		
DATE:		
PART 2: FOR OFFICAL USE ONLY: This block may be used by ACES-EMA to list information specific to record keeping needs, such as assistant instructors, course number, etc.		
PART 3: TO BE COMPLETED BY ACES-EMA TRAINING & EXERCISE COORDINATOR: This attests that the above-named instructor is certified to teach the above-named course and that the course is an accredited Pennsylvania State Fire Academy (PSFA) or Pennsylvania Emergency management Agency (PEMA) course. Delivery of training, quality control, and supervision of the instructor during the conduct of this course are the responsibility of the educational training/employing agency.		
Date form received:	Instructor Certified: Yes ____ No ____ Course Certified: Yes ____ No ____	Comments:
ACES-EMA Training & Exercise Coordinator's Signature:		Date:

Submit this form to ACESEMA-submittal@AlleghenyCounty.us