## Emergency Telecommunicator Course Certification Request

### Agency/Instructor Submitting Request:

Agency/Instructor Address:

### Course Title:

Address of Course:

### Course Length:

Format: [ ] Hours/Day - ______ [ ] Days/Week - ______ [ ] Number of Weeks - ______

Date(s) of Course: [ ] Start Time: ______ [ ] End Time: ______

Enrollment Restrictions:

Maximum Number of Students: ________

### Lodging Accommodations:

[ ] On Campus - ______ [ ] Commercial - ______ [ ] N/A - ______ Cost: $ ______

### Meal Arrangements:

[ ] On Campus - ______ [ ] Commercial - ______ [ ] N/A - ______ Cost: $ ______

Tuition: $ ______

### Method of Presentation (indicate all techniques used)

- Lecture - ______
- Demonstration - ______
- Simulation - ______
- Role Playing - ______
- Conference - ______
- Other - ______

Name(s) of instructor(s) (provide instructor credentials), Course Objectives and Narrative Description of Course (use additional paper if necessary), **Certified Instructor’s Certification Number and Expiration Date**

### Training Aids Used:

Number of Instructors: ______

### Text and Reference Materials:

### Required Projects:

### Method of Student Evaluation:

Name/Title of Person Making Request: ____________________________

E-Mail Address: ____________________________

Phone number: ____________________________

Date of Request: ____________________________

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**BETST USE ONLY**

Received: [ ] Outline [ ] Resumes [ ] Schedule [ ] Course Evaluation [ ] BETST Action:

[ ] Approved [ ] Disapproved [ ] Reason:

Reviewed by: ____________________________

Type of Training Attended:

Course Number: ____________________________

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MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
1025 Northpark Drive
Ridgeland, Mississippi 39157
Telephone # - (601) 977-3777, Fax # - (601) 977-3773
The Course Certification Request form is to be completed and submitted by the Coordinator/Instructor to BETST prior to the course being conducted.

Complete the sections of the form as indicated below.

Agency/Instructor Submitting Request: Self-explanatory.

Agency/Instructor Address: Self-explanatory.

Course Title: Enter the name of the course as it will be presented to trainees.

Course Location: Enter the physical location of the course (i.e., MLEOTA or Hattiesburg Days Inn).

Address of Course: Self-explanatory.

Course Length: Enter the total number of training hours.

Format: Enter the number of hours per day and the number of days per week and number of weeks the course will be conducted.

Date(s) of Course: Enter the dates and the start/end time of course.

Enrollment Restrictions: Enter any restrictions the class may have placed upon trainees. If none, so state.

Maximum Number Students: Enter the total amount of students allow in the class. If no maximum, enter none.

Lodging Accommodations: Self-explanatory.

Lodging Cost: Enter the amount being charged for lodging.

Meal Arrangements: Self-explanatory.

Meal Cost: Enter the amount being charged for meals.

Tuition: Enter the amount being charged for tuition.

Method of Presentation: Self-explanatory.

Course Objectives and Narrative Description of Course: List the objectives that will be covered during presentations. Provide a short narrative of the course. Use additional paper if necessary.

Training Aids Used: Enter the types of training aids that will be used during this course.

Number of Instructors: Self-explanatory.

Text and Reference Materials: Enter the names of source material used in this course.

Required Projects: Enter any projects required of the trainees.

Method of Evaluation: Enter the type of method use to evaluate the trainees completion of the course.

Name, Title, E-Mail of Person Making Request: Self-explanatory.

Date of Request: Self-explanatory.

Please return Course Certification Request thirty (30) days in advance of training to:

MS Dept. of Public Safety/Div. Of Public Safety Planning/Office of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157

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