

## Virtual Training by Request Host Site Application

1. Contact Information (All fields are required)			
First Name:			
Last Name:			
Title:			
Phone (O):		Phone (C):	
Email Address:			
Name of Organization:			
Name of Sponsor Organization <i>(if different from above)</i>			
Address 1:			
Address 2:			
City:			
State:		ZIP Code:	
Will you also serve as the Local Site Coordinator for this event, responsible for coordinating with a REMS TA Center team member? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "No," please provide name, phone number, and email address of person who will serve in this capacity:	First Name:		
	Last Name:		
	Phone Number:		
	Email Address:		
Organization Type (Check as many as apply)		<i>*Former REMS/EMHE Grantees, please indicate the year of your award:</i>	
<input type="checkbox"/>	GSEM Grantee (Current and/or Former)		
<input type="checkbox"/>	EMHE/REMS Former Grantee*		
<input type="checkbox"/>	State Education Agency (SEA)		
<input type="checkbox"/>	Local Education Agency (LEA)/District		
<input type="checkbox"/>	Institution of Higher Education (IHE)		
<input type="checkbox"/>	Private School		
<input type="checkbox"/>	Other (Please specify):		

# Virtual Trainings by Request

## 2. Please indicate which training(s) you would like to request:

<input type="checkbox"/>	Developing Emergency Operations Plans (EOPs) K-12 101	TtE ( <i>Train-the-Educator</i> ) <input type="checkbox"/>	TtT ( <i>Train-the-Trainer</i> ) <input type="checkbox"/>
<input type="checkbox"/>	Developing Emergency Operations Plans (EOPs) IHE 101 (TtE)		
<input type="checkbox"/>	Earthquake Preparedness for Schools (TtE)		
<input type="checkbox"/>	Resilience Strategies for Educators: Techniques for Self-Care and Peer Support (TtE)		
<input type="checkbox"/>	School Behavioral Threat Assessments: An Introduction (TtE)		
<input type="checkbox"/>	Conducting K-12 Site Assessments with SITE ASSESS (TtE)		

## 3. Please rank your preference of virtual training in descending order, and provide one preferred training date and two alternative training dates for each virtual training requested:

Virtual Training Requested (Order 1-3)	Virtual Training Dates: (xx/xx/xxxx)			Number of Attendees: (Refer to VTBR At a Glance Sheet)
1.				
2.				
3.				

## 4. What is the format of your event? (Please note that all requested trainings must be offered as a free event and cannot be linked to another event that requires payments for attendance.)

<input type="checkbox"/>	Stand-alone Meeting		
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## 5. Audience composition (Check as many as apply):

<input type="checkbox"/>	Educators		
<input type="checkbox"/>	Emergency Managers		
<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Other _____

## 6. How did you hear about this training? (Check one)

<input type="checkbox"/>	REMS TA Center	<input type="checkbox"/>	U.S. Department of Education Website
<input type="checkbox"/>	REMS TA Center Listserv	<input type="checkbox"/>	Other Department of Education Listserv
<input type="checkbox"/>	Other Organization Website	<input type="checkbox"/>	Independent Conference or Event
<input type="checkbox"/>	Previous Training Recipient	<input type="checkbox"/>	Other*

\*If other please specify:

Please email your completed application form to [info@remstacenter.org](mailto:info@remstacenter.org). We will review your request and follow up within three (3) business days to confirm receipt. Please note that submission of this application does not signify approval of your request. **Thank you for your interest in hosting a REMS TA Center Virtual Training by Request!**