



**Maryland Emergency Management Agency  
Active Learning & Exercising Branch**

**NDPC Mobile and G-Course  
Local Training Request Form**

**REQUESTER INFORMATION** (Enter requester information.)

Name (*Last, First, Middle Initial, Suffix*):

Work Address:

-

-

Work Phone:

Cell Phone:

Email:

**COUNTY/CITY OFFICE OF EMERGENCY MANAGEMENT APPROVER INFORMATION** (If same as above, leave blank.)

Name (*Last, First, Middle Initial, Suffix*):

Work Address:

-

-

Work Phone:

Cell Phone:

Email:

**COURSE** (Enter the title and provider [e.g. MEMA, TEEX] of the course you are requesting.)

**TRAINING REQUEST QUESTIONS** (Provide an answer to the questions below.)

Does this course address a corrective action identified in an incident, event or exercise After Action Report/Improvement Plan (AAR/IP)? If yes, provide copy of AAR/IP.

Does this course address a training need/gap identified in the State Threat and Hazard Identification and Risk Assessment (THIRA)? If yes, explain training need/gap.

Is this course identified for delivery in the County/City Office of Emergency Management Training and Exercise Plan (TEP)? If yes, provide copy of TEP.

Is this course identified for delivery in the State Training and Exercise Plan (TEP)?

If other justification for course request, please explain.

**COURSE DATES** (Enter requested delivery dates.)

First Choice      Month:      Year:      Dates (if known):

Second Choice      Month:      Year:      Dates (if known):

Third Choice      Month:      Year:      Dates (if known):



Maryland Emergency Management Agency  
Active Learning & Exercising Branch

NDPC Mobile and G-Course  
Local Training Request Form

**HOST VENUE ADDRESS** (Enter venue address including room number, etc.)

**VENUE POINT-OF-CONTACT** (Enter name, phone number and email address of venue point-of-contact.)

Name: Phone Number: Email:

**COUNTY/CITY OFFICE OF EMERGENCY MANAGEMENT APPROVER AGREES TO** (Initial each number.)

By signing this Course Application Form, the County/City Office of Emergency Management Approver agrees to (initial by each number):

1. Course will be provided to all participants at no cost.
2. Course registration will be conducted through the MEMA Learning Management System (LMS).
3. County/City Office of Emergency Management Approver will provide all course information (location, dates, etc.) for entry into LMS.
4. County/City Office of Emergency Management Approver will arrange for and ensure all appropriate logistics and training aids will be available for the course, e.g. projector, projection screen, laptop, audio equipment, etc.
5. County/City Office of Emergency Management Approver will use a prepopulated sign-in sheet and send MEMA a completed sign-in within 2 business days of course completion.
6. County/City Office of Emergency Management Approver will identify those students who successfully completed the course and should receive MEMA Certificates of Completion within 10 business days of completing the post-course survey.

**COUNTY/CITY OFFICE OF EMERGENCY MANAGEMENT APPROVER SIGNATURE & DATE** (Sign and date form.)

Name: Signature: Date:

**SUBMISSION**

Submit Form To:  
Maryland Emergency Management Agency  
Active Learning & Exercising Branch  
5401 Rue Saint Lo Drive  
Reisterstown, MD 21136  
Email: [training.mema@maryland.gov](mailto:training.mema@maryland.gov)  
Fax: 410-517-3610  
Attn: Katrina Hein

**MEMA**

Disposition: Approved      Not Approved	Signature of Reviewer:	Date:
--	------------------------	-------