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| --- |
| Please fill out the request form: |
| **Date:**  |  |
| **Requestor/Owner:** |  |
| **Type of Request:** | ( ) New ( ) Revision  |
| **Training Resources:** | Please list the training resources that you will be providing for this training (video, PowerPoint) |
| **Brief Description of Training:** |  |
| **Title:** |  |
| **Duration:** |  |
| **Policy or Regulation/Citing Requirement:**(i.e., OSHA Requirement, Joint Commission) |  |
| **Target Audience:****(**i.e., by cost center, department, position, etc.)**Note:** You can look up accounts through this link <http://hr.uclahealth.org/body.cfm?id=117&otopid=20> under organizational hierarchy. Title codes are also available under the compensation website <http://hr.uclahealth.org/body.cfm?id=24> |  |
| **Location:** |  |
| **Training Frequency:** (i.e., on hire, every two years, etc.) |  |
| **Table of Contents:** (this is recommended) | ( ) Yes ( ) No  |
| **Quiz:**(self-checks are not scored) | ( ) Self-Check ( ) Scored  |
| **Date Needed:** |  |
| **Comments:** | ( ) Yes ( ) No  |
| **Chief approval and signature:** |  |
| **Note:** We have competing priorities and deadlines and will need enough lead-time. We will need more time for some requests depending on the materials and type of request.  |

Please email the **completed form**, **content in a PowerPoint format** **and all other materials** to HRTraining@mednet.ucla.edu for **review**.

11/20/2017