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|  |  Live Training Request Form |

**To request a live training for your program, please complete this form and send to** **phmcuniversity@phmc.org**

 **Please note:** When setting up trainings PHMC University staff use the following best practices:

* Trainings will be held at 1500 Market Street as to accommodate the largest possible audience.
* Training will be scheduled as soon as possible; however, please allow at least 30 days from the date of request submission for instance of your live training.
* In the case that the program does not fill all seats allowed by the trainer, PHMC University staff will open the remaining seats up to the larger organization for registration.
* All programs will be billed individually for the number of seats they request.
* In the case that a program has cancellations or no-shows after the training has been scheduled, PHMC University will bill the program for all requested seats, if replacements cannot be found.
* PHMC University does not provide food at live trainings. In the event that you would like to provide food for you staff, you will be required to contact a caterer to make arrangements, including payment.

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| **Training Topic/Course Name** |  |
| **Training Description** |  |
| **PHMC Program** |  |
| **Contact person / phone number** |  |
| **Preferred date / timeframe** |  |
| **Is this training required to meet a funder mandated regulation?** **If so, what regulation?** |  |
| **Does this training require a set curriculum? If so, what are the requirements?** (For example: “Training must be state certified through BHTEN”) |  |
| **Number of staff that require training**(Please attach staff list) |  |
| **Preferred Trainer or Training Body**(Please include if you’ve used a particular trainer in the past) |  |
| **Total Amount Budgeted for Training** |  |
| **Budget Code** |  |