

**DIVISION OF PUBLIC SAFETY
DEPARTMENT OF EMERGENCY MEDICAL SERVICES
OFFICE OF TRAINING AND TECHNICAL ASSISTANCE
TRAINING AND CONFERENCE REQUEST FORM**

FOR O.T.T.A OFFICE USE ONLY

EMT LIC. _____	HCP _____
DL _____	HSFA _____
TP _____	HSCPR _____
EVOC _____	PALS _____
BLS INST. _____	BTLS _____
PHTLS _____	ACLS _____

1. GENERAL INFORMATION:

NAME: _____
OFFICE: _____
DATE: _____

2. COURSE INFORMATION:

COURSE TITLE: _____
COURSE DATE(S): _____
COURSE LOCATION: _____
COURSE FEE: _____

3. FUNDING SOURCE:

REGISTRATION LODGING MEALS MILEAGE AIR FARE NN VEHICLE POV

DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NM FUND ACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	_____						

4. TRAVEL ADVANCE NO ☐ YES ☐ AMOUNT \$: _____ **THREE WEEKS ADVANCE NOTICE REQUIRED**

5. INSURANCE PROPOSES ONLY:

NO ☐ YES ☐

Comment: _____

6. COURSE OBJECTIVE: _____

7. AUTHORIZATION:

APPROVED	<input type="checkbox"/>	SUPERVISOR: _____	DATE: _____
DISAPPROVAL	<input type="checkbox"/>	SUPERVISOR: _____	DATE: _____
COMMENTS: _____			

8. OFFICE OF TRAINING AND TECHNICAL ASSISTANCE:

APPROVED	<input type="checkbox"/>	
DISAPPROVED	<input type="checkbox"/>	REASON: _____
PENDING	<input type="checkbox"/>	REASON: _____
BY: _____	TITLE: _____	DATE: _____

9. IMPORTANT INFORMATION

1. Car pooling is encouraged if two or more are attending the same course.
2. Personal mileage reimbursement will not be allowed in the event, a tribal vehicle is available.
3. Travel outside the Navajo Nation on department business requires a Travel Authorization.
4. Request for Tribal Vehicle use must be made three weeks in advance.
5. Training requests must be submitted one (1) month in advance before the course begins.
6. The Training Department Supervisor or designated personnel will have final authority over the training request.
7. Approvals are based on staffing levels and patterns, also academic standing

OTTA OFFICE USE ONLY