

**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: _____
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3. FUNDING SOURCE:	REGISTRATION	LODGING	MEALS	MILEAGE	AIR FARE	NN VEHICLE	POV
DEPARTMENT	<input type="checkbox"/>						
NM FUND ACT	<input type="checkbox"/>						
PERSONAL	<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 SUPERVISOR: _____ DATE: _____
DISAPPROVAL SUPERVISOR: _____ DATE: _____
COMMENTS: _____

8. OFFICE OF TRAINING AND TECHNICAL ASSISTANCE:
APPROVED
DISAPPROVED REASON: _____
PENDING 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

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