OPV TRAINING BRANCH REQUEST FOR TRAINING CREDIT

Requests must be submitted at least 14 days prior to the event to Brian.Stidham@ky.gov or Kim.Holt@ky.gov or fax 502-564-8368

COURSE INFORMATION

Please attach a copy of the training agenda or outline.				
Training Cou	ırse Title:			
Training Dates:				Hours of Instruction:
Vendor/Organization:				Telephone:
Contact Person:				Email:
Location Mailing Add				
Registration Fee: Yes No If yes, amount: \$				
Attenda Documen		Certificate: Yes No No Other:		
PVA INFORMATION				
Count	tv [.]			
Nama			Titl	e:
			Fa	ax:
Email addres				