SCHEDULE INTAKE FORM

PURPOSE: The Schedule Intake Form (SIF) is the official document States must submit when requesting approval for a course through the National Training Center. A SIF is required only if a State is actually going to schedule the course. A SIF must be completed for each course scheduled.

FORM INSTRUCTIONS:

1. List current Date
2. Identify the name and title of person submitting completed form
3. Identify course requested; a separate form is required for each course
4. Identify course dates; a separate form is required for each course date
5. Identify course location to include city, state and zip code
6. Identify name and title of course contact
7. Identify telephone number, cell phone number and email address for course contact
8. Identify complete mailing address for course contact
9. Identify complete shipping address for course materials; if alternate shipping location is required, please identify complete shipping address
10. Identify need and number of NTC Associate Staff Instructors; if “in-state” Associate Staff Instructors will be used, identify name of each
11. Identify total number of students scheduled to attend course; note, minimum class size is 10, maximum class size is 25
12. Identify if class is “open” to additional students or if class is “closed” to additional students

6.25.2008

Scheduling Intake Form

Margie McQueen
State Training Program Manager
(703) 235-0621

Jeanette Staton
State Course Scheduler
(703) 235-0630

Note: <u>For final approval by State Training Program Manager, this form must be sent through the Lead MCSAP Agency.</u>

Has course been listed on State MCSAP Training Plan for 2009? _____
If not, please provide written request why this course is necessary.

1. Today's Date:

2. Information submitted by:

3. Course Requested: please circle course - please note a separate form is required for each course requested.

- ❑ **Advanced NAS Level I**
- ❑ **Compliance Review**
- ❑ **Cargo Tank Inspection**
- ❑ **CMV Safety Programs & Grants Management**
- ❑ **Electronic On-Board Recording Device**
- ❑ **General Hazardous Materials**
- ❑ **Hazardous Materials Safety Permits**
- ❑ **New Entrant Safety Audit**
- ❑ **New Entrant Safety Audit Workshop (2-day)**
- ❑ **North American Standards Part A**
- ❑ **North American Standards Part B**
- ❑ **Other Bulk Packaging**
- ❑ **Passenger Vehicle Inspection**

4. Course Dates: please note, a separate form is required for each course date requested when requesting the same course.

- ❑

5. Course Location: (Address to include City, State & Zip code)

- ❑
- ❑

6. Course Contact Name & Title:

- ❑

7. Course Contact Phone#, cell phone # & email:

- ❑

8. Course Contact Mailing Address:

9. Class Shipping Address:

- ❑ **Same as above**
- ❑ **Alternate Shipping Address (include complete address)**

10. Instructors:

Are "NTC Associate Staff Instructors" needed? If so, please complete the following:

Yes ____ Number Requested: _____

No ____

If using "In-State" Associate Staff Instructor please list by name:

-
-

11. Number of Students – Class size is limited to a minimum of 10 and a maximum of 25

- ❑

12. Course is:

- ❑ **Open**
- ❑ **Full**

Completed Schedule Intake Forms should be included with the submission of the State Training Plan.

Approved by and date: _____

Margie McQueen, State Training Program Manager
National Training Center