**Lycoming County Department of Public Safety**

**LEPC**

**Local Emergency Planning Committee**

**Course Request Form**

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| **FSC:** Bucks FSC Number | **Hours:** Hours |
| **Course Title:** Bucks Course Title  |
| **Course Dates & Times:** (Please list all dates and times)All course dates & Times |
| **Instructor:** (if known) Instructors Name if Contacted |
| **Course Location:** Choose an item. |
| **Course Address:** Address |
| **Contact Person for Course:**Contact Person | **Phone:** Phone |
| **E-mail:** Email |
| **DOH ConEd Requested:** Choose an item. |
| **Additional Materials Needed:**Additional Items |
| **Person/Title Requesting Course:** Name & Title | **Date:** Date |

**Submit Form to: pyoung@lyco.org**

**By signing your name above, you are agreeing to an open course for Lycoming County first responders.**

**If a course request is full (25), please submit a roster with names and contact phone numbers and/or e-mails of all students within your station.**