

Course Title	
Hours of Training Instructor: Name_	
Address	
Home Phone Bus. Phone	
Email	
Course Description: (Covers the objectives and purpose)	
<pre>Course Outline: (Sequence of topics and learn. 1.</pre>	ing activities)
2.	
3.	
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8.	
9.	
10.	
See attached outline for further details	. (Optional)
Required Text: Yes No	
If yes, list complete title, author, edition,	publisher, and cost.
Materials: (Handouts: references, resources	, or learning guides)