



**Kentucky Division of Emergency Management**  
**REQUEST FOR TRAINING CREDIT**  
KYEM Form 300

Name and E-Mail of Person Requesting Credit: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Title of Training Program : \_\_\_\_\_ Provider of Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_ Length of Training: \_\_\_\_\_ Please provide a copy of the training announcement, syllabus, and certificate of completion for the course.

Explain how this training will assist you in carrying out your local Emergency Management responsibilities.

KYEM Staff Comments Only:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approve      Signature of KYEM Area Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
 Disapprove

Approve      Signature of KYEM Director/Assistant Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Disapprove