



TENNESSEE EMERGENCY MANAGEMENT AGENCY TRAINING REPORT

COURSE NAME: _____ COURSE NUMBER: _____

LOCATION: _____ COUNTY: _____

DATE(S): _____ TIMES: _____

TOTAL NUMBER OF STUDENTS: _____ NUMBER PASSED: _____

LEAD INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

SUBMITTED BY: _____ DATE: _____

(Signature)

Mail with Training Course Roster (original) and Evaluation forms to your Tennessee Emergency Management Agency (TEMA) Regional Office no later than ten days after course completion. **NOTE:** All tests should also be included in the course completion package – see section 2-5.6 Training Report Package for details.

COMMENTS:

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

ADJUNCT INSTRUCTOR: _____ LAST 4: _____

SUBJECT MATTER EXP: _____ LAST 4: _____

SUBJECT MATTER EXP: _____ LAST 4: _____

SUBJECT MATTER EXP: _____ LAST 4: _____

SUBJECT MATTER EXP: _____ LAST 4: _____