



TENNESSEE EMERGENCY MANAGEMENT AGENCY TRAINING REPORT

COURSE TITLE: _____

COURSE NUMBER: _____ DATE(S): _____ TIME(S): _____

LOCATION: _____ COUNTY: _____

TOTAL NUMBER OF STUDENTS: _____ NUMBER PASSED: _____

LEAD 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: _____

SUBMITTED BY: _____ DATE: _____

(Signature)

Mail evaluation forms, with (original) training course roster, 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:
