

## TRAINING COURSE INITIATION FORM

**For new courses:** Please fill out this form completely and email to Ames Laboratory Training Coordinator. A collaborative review session will be scheduled to clarify content and/or make changes as necessary.

**Date:** \_\_\_\_\_ **Course ID:** ALAB- \_\_\_\_\_ **Date of Last Review:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Type:** \_\_\_\_\_

**Subject Matter Expert (SME):** \_\_\_\_\_

**Instructor or Preferred Vendor:**  
*(if different from SME)* \_\_\_\_\_

**Course Length (In Minutes):** \_\_\_\_\_

**Retrain Requirement (In Years):** \_\_\_\_\_

**Retrain Format:**  Same as Initial  Other Format \_\_\_\_\_

**Regulation, Policy or Other Requirement Driving Course Creation:**

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**Training Prerequisite(s):**  
*Please include any ISU courses*

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**Required Participants:**  
*(Example: All researchers, all employees who handle chemicals, etc.)*

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**Course Format:**  Classroom  Online  One-on-one  Handout/Worksheet  Other

**Course Objectives:**  
*Covers only one point;  
 Focused on what the learner will do and;  
 Contains a success criterion or standard*

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**Course Description:**

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**Will Handouts Be Used?**  Yes  No *If yes please list:*

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**Will A Learning Assessment Be Used?**  Yes  No

**\*Please attach a draft copy of the course outline with this form.**