



REQUEST A NEW LEARNING ACTIVITY IN LMS

Name of Requester: _____

Activity Title: _____

Preferred Activity Code #: _____

Activity Type: (MUST BE ACCURATE. THIS CAN NEVER BE CHANGED (CHOOSE ONLY 1))

- | | |
|---|--|
| <input type="checkbox"/> Certification Exam | <input type="checkbox"/> Classroom & Homework |
| <input type="checkbox"/> Classroom & Practical | <input type="checkbox"/> Classroom Only |
| <input type="checkbox"/> Classroom, Homework & Cert Practical | <input type="checkbox"/> Classroom, Practical & E-Learning |
| <input type="checkbox"/> Online Courses | <input type="checkbox"/> Practical Courses |

Status:

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Inactive | <input type="checkbox"/> Information | <input type="checkbox"/> Awaiting Approval |
| <input type="checkbox"/> Under Development | <input type="checkbox"/> Archived | <input type="checkbox"/> Active for Manager | |

Level:

- | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
|-----------------------------------|---------------------------------------|-----------------------------------|

Feedback Evaluation to the Student:

- ☐ Yes ☐ No

of Days After Training to Display: _____

Activity Specific Evaluation: _____

Duration:

of Training Days: _____

Total # of Hours: _____

Day of Registration allowed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Criteria for Make Up:
Make Up allowed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Priority Selection allowed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Description:**Keywords:**

Catalog Image (insert hyperlink): _____

Training Category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adv. FF Skills | <input type="checkbox"/> Certification | <input type="checkbox"/> Chief Fire Officer |
| <input type="checkbox"/> CISM | <input type="checkbox"/> DFS Courses | <input type="checkbox"/> Information |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Facilities | <input type="checkbox"/> FF Skills Training |
| <input type="checkbox"/> Fire Instructor | <input type="checkbox"/> Fire Investigation | <input type="checkbox"/> Fire Officer |
| <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Gas |
| <input type="checkbox"/> HazMat | <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Impact |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Legal | <input type="checkbox"/> Maritime |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> MSP/FIU | <input type="checkbox"/> NFA |
| <input type="checkbox"/> Pub Ed | <input type="checkbox"/> Recruit (Call/Vol) | <input type="checkbox"/> Recruit (Career) |
| <input type="checkbox"/> RIT | <input type="checkbox"/> Seminars | <input type="checkbox"/> Special Ops |
| <input type="checkbox"/> Staff Services | <input type="checkbox"/> Tech Rescue | <input type="checkbox"/> RES (ONLY for non-course
related reservations) |

Course Outline:

Class Hours: _____

Practical Hours: _____

Homework Hours: _____

OEMS Hours: _____

Approval #: _____

FCC Credits: _____

FPO Credits: _____

FESHE: _____

CEU's: _____

Pricing: Non-Member: _____

Member: _____

☐ Free (NFA-Free)

Invoicing: ECRT: _____

Equivalencies (Activities this New Activity is Equal/Comparable to):

Pre-Requisites (Activities required to be completed to register for this New Activity):

File Attachments/Training Documents/URLs (Insert Hyperlinks):☐ Syllabus: _____☐ Student Materials: _____☐ Additional Student Materials: _____**Registration Conditions:**

Please make sure the registration conditions formula matches the same number of courses in the list. If not, please make any corrections needed. Initial here when confirmed: _____

Certificate:☐ MFA Basic ☐ OEMS Cert ☐ 30-Hr Cert ☐ Cert Test ☐ Testing with Codes ☐ NFA Cert**Additional User Field 2 (MFA ONLY):**☐ Yes☐ No

Program Coordinator III Approval: _____