

**UTAH DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY SERVICES AND HOMELAND SECURITY**

Community Emergency Response Team Program

COURSE MANAGER'S REPORT

NAME OF COURSE MANAGER: _____ DATE _____

COURSE MANAGER'S TELEPHONE: _____ FAX: _____

SPONSORING ORGANIZATION: _____

LOCATION OF TRAINING SESSIONS: _____

(Course Manager's initials below verify accurateness of this information):

MODULE	DATE HELD	BEGAN	TIME ENDED	INSTRUCTOR	COURSE MANAGER'S INITIALS
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

WERE EACH OF THE ABOVE SESSIONS DELIVERED ACCORDING TO THE FEMA/DESHS PLAN-OF-INSTRUCTION (POI) AND INSTRUCTOR GUIDE (IG) ? YES _____ NO _____

(If not delivered according to POI/IG, please describe below and/or on reverse side):

COURSE MANAGER'S SIGNATURE: _____

(Upon completion of the entire seven-week training sequence, please mail or fax this form and a roster of names, addresses and social security numbers (if possible) of all participants completing all modules to:

State Training Officer
Division of Emergency Services and Homeland Security
State Capitol Office Building Room 1110
Salt Lake City, Utah, 84114
FAX: (801) 538-3770

Please return certificates to instructor: