

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, and submitting this form. This collection of information is required and mandatory to measure performance goals. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, and Paperwork Reduction Project (1660-NEW). NOTE: Do not send your completed form to the above address.

BATCH HEADER FORM

Fields displayed in **bold*** are required and must be completed. Please print characters in CAPITAL LETTERS only using BLACK ink.

Part 1: Course Information

Training Provider ID*

Training Provider Point of Contact

Last Name*

First Name*

Phone* () - -

Email Address*

Course Name*

Course Catalog Number* - - **Start Date*** / / **End Date*** / /
(MM/DD/YYYY) (MM/DD/YYYY)

Start Time* **End Time*** **Contact Hours*** .
Convert start and end time into 2400 hrs time

City*

State* **ZIP Code***

Number of Students* **Average Pre Test Score** . % **Average Post Test Score** . %

Training Method*

Bubble in ONE item that represents the method by which training is being delivered.

Resident Mobile Indirect

Part 2: Instructor Point of Contact Information

Last Name*

First Name*

Phone Number* () - -

Email Address

Part 3: Batch Preparer Information

Last Name*

First Name*

Phone Number* () - -

Email Address