

PHTA Education Partner Program

Proposal Form



PURPOSE

The purpose of this form is to collect educational program information for the PHTA Educational Partner program to meet IACET requirements.

Please Note: Upon form submission, please complete the separate Instructor Form to accompany the Program Proposal form.

Educational Partner * _____

Program Title * _____

Learning Objectives * (Please provide up to 4 objectives describing what the learner will be able to do after this experience.)

Description * (4 - 6 sentences describing the content of the program.)

program category * Design Engineering Construction Service Business Retail Other

If "Other" for Program Category, please provide brief description _____

Instructor(s) *

Duration * 1 hour 1.5 hours 2 hours 3 hours 4 hours 5 hours

6 hours 16 hours 24 hours Other

If "Other", please identify the duration of the course _____

Seminar/Course Sponsor (PHTA Region/Chapter/Member or Other) _____

Location of Program * _____

Date(s) of Program *

Documents * Outline PowerPoint/Presentation Handout(s) Manual(s) Book(s) Other

If "Other", please identify _____

* Indicates entry required

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Prerequisite Programs * Yes No

Additional Details

Has this course been taught before? * Yes No

Any additional requirements needed by Educational Provider

Student needs to bring * Smartphone Calculator Laptop Software

Yes, I agree that the information provided herein is true and accurate.*

First Name _____ Last Name _____

Company * _____

Street Address _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Email * _____ Phone Number * _____

Billing Contact (if different)

First Name _____ Last Name _____

Billing Email (if different) _____

Please submit form to kjunkers@phta.org

