

Training Request Form
for
Alabama Law Enforcement Alliance for Peer Support

Name of Program (Check one):

- ALLEAPS (Law Enforcement; 4 days)
- FRAPS (Fire/Rescue; 3 days)
- CAPS (Corrections; 3 days)
- DAPS (Dispatcher; 2 days)

Proposed training dates:

1. _____

2. _____

Proposed Location: _____

Lead agency will be responsible for:

1. Audio/visual equipment.
2. Snacks for attendees.
3. Adequate seating and accommodations
4. Coordinating the training to ensure adequate number of attendees.
5. Registration is limited to **45**.

While there is no cost to the attendees or payment to the instructors, the lead agency is requested to obtaining lodging for the instructors with the number of nights lodging dependent on the training being requested.

Name of requestor/position: _____

Contact Number/Email: _____

Date: _____

Approved: Tim P. Faulk, PhD, Clinical Director, ALLEAPS
Heath Carpenter, LT, SBI, ALEA, State Coordinator, ALLEAPS

Date: _____