

## NC CERT Program Class TERMS Add Request

Class Offering:	☐ Basic Training (21 hours)				
Is this a new or existing CERT?			☐ New ☐ Existing		
Name of CERT:					
Sponsoring Agency:					
Name of Individual Requesting					
Class (Point of Contact or POC):					
POC Phone & Email:					
Primary Instructor:					
(must have taken CERT Train-the-					
Trainer)					
Primary Instructor Phone & Email:					
Additional Instructors:					
(not required to have taken CERT					
TTT if Subject Matter Expert)					
Name of Location for class:					
Address of Location for class:					
City, State, ZIP:					
Is this location handicap-	□ Yes	□ No	Maximum number of		
accessible?	□ 1es		students for location:		
			Do you have		
Is there a safe outdoor area for the			permission from the		
burn pan demonstration/fire	□ Yes	$\square$ No	facility to do the burn	□ Yes	$\square$ No
extinguisher training?			pan demonstration/		
extinguisher training.			fire extinguisher		
			training?		
Facility Point of Contact who can gra	-				
fire extinguisher training: (security,	facility man	ager,			
etc.)					
Facility POC Phone:					
Facility POC Email:					
Requested Date(s) and Time(s):					
Will this class be restricted to a					
certain group, or open to the					
public?					

Once your request is processed, the class will be added in TERMS, and you will get a link to share so people can register. Please do not use any external programs for processing registrations. Return this form to the NC CERT Program Manager <a href="mailto:cert@ncdps.gov">cert@ncdps.gov</a>.