

NC CERT Program Other Class Request

Class Requesting:	☐ CERT Animal Response ☐ The First Ten Minutes					
	☐ Introduction to WebEOC ☐ POD Operations					
		\square SAR	for CERT	T □ Shelter Operations		
	☐ Volunteer and Donations Management ☐ Other:					
Name of CERT:					_	
Sponsoring Agency:						
Name of Individual Requesting						
Class (Point of Contact or POC):						
POC Phone:						
POC Email:						
Name of Location for class:						
Address of Location for class:						
City, State, ZIP:						
Is this location handicap-	□ Yes	□ No	Maximum number of			
accessible?			students for location:			
For maximum student participation, the room should be set up "classroom						
style," so that each student has a chair and a table in front of them. Can that be \Box Yes \Box No					\square No	
accomplished at this facility?						
Is there a projector in the room?	□ Yes	\square No	Is there internet access?	□ Yes	\square No	
Estimated number of students						
for this class:						
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 cert@ncdps.gov.