

Standard Form 182 - Training Request - Page 1

Instructions

Please answer the following questions to fill out your Standard Form 182, Authorization, Agreement, And Certification of Training. After you have answered the questions, click **Save** to save the form, then click **Continue** to continue filling out the training request. Clicking the **SAVE** button will also allow you to save your form, exit the program, then come back at a later time to continue filling out the training request. Fields denoted with * are required for submission.

| | |
|---|---|
| | Program Type:* Short Term Training |
| Is this course part of an ASA M&RA approved ADT Program?* | No |
| TDY or local travel expenses have been approved by your FCR?* | Per-diem & travel funded by FCR |
| Vendor Information | |
| Name of Training Vendor:* | USACRC |
| Street Address:* | Building 4905, 5th Ave |
| Apartment or Unit #: | |
| City:* | Fort Rucker |
| State:* | Alabama |
| Zip:* | 36362 |
| Vendor Telephone Number:* | (334)- 255 - 0254 |
| Vendor Email Address: | bruce.k.williams2.civ@mail.mil |
| Training Course Data | |
| Is training location different from vendor address?* | Yes No |
| Course Title:* | CP 12 SOH Resident Course |
| Course Number Code:* | 12-03 (your class #) |
| Training Start Date:* | (format: YYYYMMDD) |
| Training End Date:* | (format: YYYYMMDD) |
| Training Duty Hours:* | 600 |
| Training Non-Duty Hours:* | 0 |
| Training Purpose Type:* | Program/Mission |
| Training Type Code:* | Developmental Training Area |
| Training Sub Type Code:* | Presupervisory Program |
| Training Delivery Type Code:* | Blended |
| Training Designation Type Code:* | Continuing Education Unit |
| Training Credit:* | 1.5 |
| Training Credit Type Code:* | Continuing Education Unit |
| Training Accreditation Indicator:* | Yes No |
| Training Source Type Code:* | Government Internal |
| Training Objective:* | (You may enter up to 380 characters.) |
| | CP 12 Resident Phase I training. 15 weeks OSHA and safety management courses. |
| | 304 characters left. |
| Direct Costs and Appropriation / Fund Chargeable | |
| Tuition and Fees:* | \$ 6000.00 |
| Books & Material Costs:* | \$ 0.00 |
| Total Costs:* | \$ 6000.00 |
| Supervisor Information | |
| Supervisor Name:* | John Doe |
| Supervisor Title:* | SOH Manager |
| Supervisor AKO ID:* | john.doe |
| | <small>(AKO ID Only - Do NOT put email)</small> |
| Supervisor Phone:* | ()- - |

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