

Texas Tech University Health Sciences Center El Paso Institutional Compliance Policy

ACME Training Request Form	Policy: COMP 20a
	Effective Date:
References:	

Date: _____

Requesting Department: _____

Individual Submitting Request: _____

Lesson Name: _____

Lesson Duration: _____

Lesson Frequency: _____

Summation of Lesson: _____

Requirement for Training: _____

Target Roles for Lesson: _____

Assignment Month: _____

Committee Use Only	Date of Correspondence: _____
___ Approval	_____ Month of Assignment
___ Conditional Approval _____	
___ Request for Additional Information _____	
___ Denial, Reason _____	

Review Date:

Revision Date: