

**National Healthy Homes Training Center and Network
New Course/Course Modification Application Form**

1. Curriculum Committee Recommended Action (check one):

Full Review

Expedited Review

Administrative Review

2. Action requested (check one): Review new course Review modification to existing course

3. Date of request:

4. Name of requester:

5. Training partner institution:

6. Requested start date for new or revised course:

For a modification, please complete Section A.
For a new course, please complete Section B.

Section A - Modification to Existing Course

7. Title of course and section (if applicable) to be modified:

8. Summarize modification here and attach list of changes in a separate document and include it with the submission of this form.

9. Provide a justification for existing course modification(s):

10. How do the modification(s) align with the existing course objectives?

Section B - New Course

11. **Justification for adding this course:**

12. **Length of course:**

13. **Are prerequisites required?** Yes No

14. **Proposed name of new course:**

15. **Has the course been offered previously?** Yes No

16. **Are evaluations available to document the effectiveness of the course?** Yes No

17. **What experience and qualifications should the trainers of the course have?**

18a. **What is the minimum class size?**

18b. **What is the maximum class size?**

19a. **Who is the target audience for this course?**

19b. **Please describe the educational background, previous training experience, previous work experience, and motivation for training for the target audience.**

20a. **Are there any secondary audiences for this course?** Yes No

20b. **If yes, who?**

20c. **Please describe the educational background, previous training experience, previous work experience, and motivation for training for the secondary audience.**

21. What steps have been taken to analyze the need for the training?

22. What are the specific learning objectives for the course? Please email an agenda for this course that supports the learning objectives when you submit this form.

23. Describe the courseware (e.g., materials, and equipment, instructor guide, participant guide, AV aides, exams):

24. Describe the proposed training methods:

Lecture hours

24b. Describe any additional delivery method(s):

Guided practice

Discussion hours

Mentoring

Classroom exercises hours

Field/site visit

Demonstrations hours

24a. Describe E-learning method:

E-Learning hours

25. How will the quality of the course be evaluated?

26. How will the knowledge/skills gained by trainees be evaluated? How does the assessment align with the previously stated learning objectives?

Thank you for taking the time to fill out this form. Please save this form by clicking File, Save As and giving it a new name. Once you have done this, please email this form and any other attachments to Susan Aceti at saceti@nchh.org.