

# Team Training Certification Request



Jurisdiction Name:	
Jurisdiction Type:	Jurisdiction Location:

*Please complete the following information for each of the trained outbreak response team members in your jurisdiction.*

Name	Discipline (EH, Epi, Lab, Nursing, Other - specify)	E-mail Address

*Please complete the following questions about your outbreak response plan.*

Does your jurisdiction have a completed outbreak response plan? Yes / No

- Does it include plans for periodic review? Yes / No
- With what frequency? Annually / Other - specify:
- What is the date of creation/most recent update? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Does it include specific provisions for training new outbreak team members? Yes / No

*Please briefly describe your team's experience working through the TN Team Training Curriculum:*

*Finally, please list your team's anticipated training needs or next steps:*

**Submit the completed form to the TN CoE by e-mail or fax.**  
 A representative will contact you with any necessary follow-up.  
 If you have any additional questions, please feel free to contact the TN CoE.  
 Thank you for your interest in the Team Training Certification!

<i>For TN CoE Use</i>	
<i>Date rec'd</i>	/ /
<i>All completed training?</i>	Y / N
<i>OB Plan complete?</i>	Y / N
<i>Certification awarded date</i>	/ /