****

**Community Training Center Course Approval Form**

**Provider Courses**

*Physician Instructor Serving as Course Director or*

   *Co-Director:*

****   Name: 

**Instructor Courses**

 *Regional Faculty Serving as Course Director or Co Director*

 Name:



# Course Information (please complete all information

### Course Dates:

### Course Location:

Course Director: 

**Provide a list of Course Faculty on back of this form**

**Attach a course outline to this form**

### Class Size Course Fee Target Audience

Is there space available for additional participants?  

How will student receive Provider or Instructor Manuals?











***Training Center* - *Dept* 696**

***Medical Center Boulevard - Winston-Salem, North Carolina 27157***

www . wfubmc . edu/tc