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**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