**Presenter’s Training Application Form**

**This form must be completed by the individual interested in being trained for a BUPA Educational Program(s). It must be reviewed by the BUPA Regional LEL prior to training.**

**Contact Information**

|  |  |
| --- | --- |
| **Applicant’s Name:** | Click here to enter text. |
| Agency or Organization: | Click here to enter text. |
| County: | Click here to enter text. |
| Work Address: | Click here to enter text. |
| Email and Phone: | Click here to enter text. |
| Home Address: | Click here to enter text. |
| Home Email and Phone: | Click here to enter text. |

**Traffic Safety Partner Information**

|  |  |
| --- | --- |
| **Community Traffic Safety Coordinator’s Name:** | Click here to enter text. |
| **BUPA LEL Name:** | Click here to enter text. |

**You are Requesting training for what Program? (Put an X below the Program)**

|  |  |  |
| --- | --- | --- |
| **“Sit Back-It’s Elementary”** | **“Survival 101” (Uniform Officer Only)** | **“16 Minutes” (Uniform Officer Only)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| ***To be completed by Trainer*** | | | |
| **Trainer’s Name** | **Date of Training(s)** | | |
| Click here to enter text. | **“Sit Back”** | **Survival 101** | **16 Minutes** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Return this form to BUPA:**

**Fax to 570-628-2419**

**or**

**Email to** [**buckleuppa@nchsn.org**](mailto:buckleuppa@nchsn.org)