## **COURSE OVERVIEW**

**COURSE NUMBER** 

TITLE:	
Notified applicable Training Coord	inator of revision change to update training schedule
 Instructor initial	
PURPOSE/OBJECTIVES:	
DESIGNED FOR:	
and if the prerequisite	
METHODS/MEDIA:	
LENGTH (in hours):	
RETRAIN INTERVAL (in Months)	(To the end of the) Day/Month/Quarter
CLASS SIZE: Min	Max
MINIMUM PASSING SCORE OF	EVALUATION/TESTS:
COMMENTS:	
A CONTRACTOR AND	
CONTACT:	APPROVAL:
(please print)	Nuclear Training Supervisor