

COURSE OVERVIEW

COURSE NUMBER _____

Revision Number _____

TITLE: _____

EFFECTIVE DATE: _____

Notified applicable Training Coordinator of revision change to update training schedule

Instructor initial

PURPOSE/OBJECTIVES:

DESIGNED FOR:

PREREQUISITES:

**(include and/or logic
and if the prerequisite
must be current)**

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: _____

ACTIVE LESSON PLANS: _____

CONTACT:

APPROVAL:

(please print)

Nuclear Training Supervisor