



SCS CPTP Course Request Form

Note: We do not provide open links to training courses nor can we provide training materials for private organizations. These courses can be made available to state and municipal government entities, boards, etc. upon request.

Name:

Email:

Phone:

Organization:

Your role in the organization:

Estimated number of employees to be trained:

Which course(s) are you requesting? (Select all that apply.)

Cybersecurity Awareness (Fulfills ACT 155 of 2020 requirement)

Managing Teleworkers

Preventing Sexual Harassment for All Employees (Fulfills ACT 270 of 2018 requirement for all public employees)

Preventing Sexual Harassment for Supervisors (Fulfills ACT 270 of 2018 requirement for supervisors)

Teleworking for Employees

Other - Please specify:

How do you intend to distribute/host training for your employees? (Select all that apply.)

Intranet/Local Network/Shared Drive/Private Site

Individual Computers/External Storage Device

Learning Management System

If you are hosting on a Learning Management System, which SCORM version is required?

Consult with your LMS manager to determine correct SCORM version.

SCORM 1.2

SCORM 2004

If you plan to distribute the file for individual computers or share via an external storage device, MAC users require a different file than windows users. Do you need a MAC version of the requested courses?

Yes, I need a MAC version.

No, I do not need a MAC version.

For *Preventing Sexual Harassment* and *Preventing Sexual Harassment for Supervisors*, we offer an instructor-led course package that can be taught in a group setting by a member of your staff. If you would like an ILT version, select the appropriate course below.

Preventing Sexual Harassment - ILT

Preventing Sexual Harassment for Supervisors - ILT

I hereby understand that I may not make any training materials produced or received by State Civil Service or the Comprehensive Public Training Program available for public consumption in any way. I will not distribute this training to any other individuals or entities that are not directly affiliated with my organization.

Signature:

Date:

Please return this form to _SCS-cptp@la.gov.