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.)

- ☐ Performance Management for Executives (Fulfills ACT 377 of 2009)
- ☐ ADA for Coordinators
- ☐ ADA for Supervisors
- ☐ CPM Basics
- ☐ CPM Planning - Paper Forms
- ☐ CPM Evaluation - Paper Forms
- ☐ Cybersecurity Awareness (Fulfills ACT 155 of 2020 requirement)
- ☐ Preventing Sexual Harassment (Fulfills ACT 270 of 2018 requirement for all public employees)
- ☐ Preventing Sexual Harassment for Supervisors (Fulfills ACT 270 of 2018 requirement for supervisors)
- ☐ Web Accessibility
- ☐
- ☐
- ☐
- ☐

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 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.

These courses may not be used without the express permission of the Department of State Civil Service. Permission to use these courses conveys to the entity to whom the permission is granted ("the User") the right to use the courses only for internal training purposes and only as originally published. The courses may not be altered in any manner, even with acknowledgment to the Department of State Civil Service as the original source. Permission to use these courses does not convey to the User permission to post the courses on any source that is open to the public. The material in these training courses is current as of the time of publication and may be updated periodically without notice to the User.

Signature: **Date:**

Please return this form to SCS-CPTP@civilservice.la.gov