



## Scheduling DMAC Trainings

### Electronic Registrar Online (ERO) Input, & Continuing Professional Education (CPE) Credits

**Instructions:** Fill in the information below. Save the completed form, and e-mail it to

[ccasanova@uisd.net](mailto:ccasanova@uisd.net)

Date Requested: \_\_\_\_\_ Employee I.D.#: \_\_\_\_\_

Name of Person Requesting: \_\_\_\_\_ Campus/Dept. \_\_\_\_\_

Title of Person Requesting: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

New Course: Yes  No \_\_\_\_\_

Title of Course: \_\_\_\_\_

New Session: Yes  No \_\_\_\_\_

Title of Session: \_\_\_\_\_

Brief Description of Session: \_\_\_\_\_

Date of Session: \_\_\_\_\_

Time of Session: Beginning Time: \_\_\_\_\_ Lunch Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

If all day, will it be same group of people for morning & afternoon: Yes \_\_\_\_\_ No

Presenter: \_\_\_\_\_

Targeted Audience: (be as specific as possible) \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Location: \_\_\_\_\_ Room: \_\_\_\_\_

Requesting:  Meeting  ERO Input  CPE Credits

#### FOR OFFICE USE ONLY

Approved  Not Approved

Date: \_\_\_\_\_ CPEs: \_\_\_\_\_

Notes: \_\_\_\_\_

ERO SRN# \_\_\_\_\_

Reg. Begin: \_\_\_\_\_ Reg. Ends: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_