



NRA USE ONLY  
 DATE REVIEWED \_\_\_\_\_  
 COURSE I.D. \_\_\_\_\_

## NRA SCHOOL SHIELD SECURITY ASSESSOR TRAINING 2022 Host Request Form

Thank you for your interest in hosting an NRA School Shield Security Assessor Training. Due to the nature of this training, only law enforcement agencies are able to serve as a training host. It is highly recommended and preferred that this training be conducted at the partner school.

Please complete this form in its entirety and submit as directed with all supporting materials as requested. Submission of your application does not guarantee approval to host the training. A confirmation will be provided via email upon receipt and approval of a completed application.

### TRAINING PROPOSAL

The National School Shield Security Assessor Training is a five (5) day course that runs Monday - Friday. Please indicate your preferred Start and End dates for the training:

	Start Date (Mon.)	End Date (Fri.)
<b>First Choice:</b>	_____	_____
<b>Second Choice:</b>	_____	_____
<b>Third Choice:</b>	_____	_____

### HOST AGENCY INFORMATION

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Website \_\_\_\_\_

Coordinator Name \_\_\_\_\_

Coordinator Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Coordinator Work Email \_\_\_\_\_ Personal Email \_\_\_\_\_

### PARTNER K-12 SCHOOL INFORMATION

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Website \_\_\_\_\_

Coordinator Name \_\_\_\_\_

Coordinator Title \_\_\_\_\_

Coordinator Work Phone \_\_\_\_\_ Coordinator Work Email \_\_\_\_\_



## CLASSROOM REQUIREMENTS

AS A TRAINING HOST, YOU ARE REQUIRED TO ENSURE ALL TRAINING LOCATIONS, INCLUDING THE CLASSROOM AND K-12 SCHOOL, ARE ADEQUATE TO FACILITATE ALL APPLICABLE TRAINING ACTIVITIES. PLEASE INITIAL EACH ITEM LISTED BELOW TO ACKNOWLEDGE THAT YOU FULLY UNDERSTAND THE REQUIREMENTS TO HOST THIS TRAINING AND THAT THE LOCATIONS YOU HAVE SELECTED ARE ADEQUATE FOR A SUCCESSFUL TRAINING.

- The training is limited to 20 participants. You certify that the training location you have selected can comfortably accommodate all participants as well as support staff.
- Microsoft PowerPoint presentations are used extensively for the classroom portion of the training. You certify that the training location you have selected will include a working computer with MS PowerPoint 2007 or later installed and that the appropriate presentation equipment is connected and functioning, including a presentation projector, screen and audio speakers.
- Training content is often augmented with current event case studies where access to the Internet is advantageous. You certify that that training location you have selected will permit Internet access as needed.
- Materials may be supplied in either flashdrive or CD-ROM format. You certify that the training location equipment is compatible with these devices.
- Training will extend over multiple days with long hours. You certify that the training location you have selected is suitable for participants (near restrooms, water, and in close proximity to locations for lunch breaks).
- Training participants will likely be traveling from varied distances. You certify that the training location you have selected offers suitable parking for participants and is in close proximity to reasonable lodging options if needed.
- The training must take place with a partner K-12 school that is “in session” at the time of training. Training participants must have access to the K-12 school to observe activities including, but not limited to, morning arrival, afternoon dismissal, lunch, gym, and class changes in general. You certify that the partner K-12 school is aware and in support of this requirement.
- The partner K-12 school is able to provide a room for this training to be conducted at the school.  Yes  No

## APPLICATION ACKNOWLEDGEMENT

BY AFFIXING YOUR SIGNATURES BELOW, YOU EACH CERTIFY THAT YOU ARE AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF YOUR RESPECTIVE AGENCIES AND THAT YOU FULLY UNDERSTAND THE REQUIREMENTS FOR HOSTING THIS TRAINING AND THAT YOU CAN AND WILL COMPLY WITH ALL REQUIREMENTS AND RESPONSIBILITIES.

**HOST AGENCY  
COORDINATOR**

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

**PARTNER K-12  
COORDINATOR**

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date