



**REQUEST FOR AUTHORIZATION TO CONDUCT A NATIONAL TRAINING COURSE**

Course will be held in

2013

Course Type Requested

Wood Badge



NYLT



Powder Horn



Host council \_\_\_\_\_ Host council No. \_\_\_\_\_ Region \_\_\_\_\_ Area No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Host council staff adviser \_\_\_\_\_

Daytime phone \_\_\_\_\_ E-mail \_\_\_\_\_

Is this a cluster course?  Yes  No

*In accordance with all national training procedures, authorization is requested to conduct a course as indicated above. Host council agrees that staff, equipment, and facilities will meet the high standards and expectations set by the National Volunteer Development Committee along with strict adherence to the correct current materials (syllabus, Administrative Guide, Staff Guide, etc.).*

Course location \_\_\_\_\_ City/state \_\_\_\_\_ Zip code \_\_\_\_\_

Dates Weeklong \_\_\_\_\_ Weekend No. 1 \_\_\_\_\_ & Weekend No. 2 \_\_\_\_\_

*The following names are submitted as candidates for course director and backup course director. Council agrees that, if approved, each will attend Trainer's EDGE (within three years before the course that is being approved) and the required Course Director Conference.*

**Course director**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Current Scouting position \_\_\_\_\_

**Backup course director**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Current Scouting position \_\_\_\_\_

NYLT/PH/WB-21st Century Staff Experiences (List only experience on the type of course to be directed) (Most recent first except WB troop guide for WB courses)			
Course Type	Position	Month/Year	Location
Wood Badge	TG		

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**For Cluster Courses Only**

The following councils have agreed to provide participants and staff members:

Council Name	Council No.	Council Contact Name (For this course)	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Host council**

_____	_____	_____	_____
Council training chairman	(print or type name)	(signature)	Date
_____	_____	_____	_____
Scout executive	(print or type name)	(signature)	Date

**NOTE:** Host council sends original request to the area training chairman. If unknown or position is vacant, send to the area director.

**Area approval**

This course  **Is** or  **Is not approved**

-  If the course is approved, supplies and materials to conduct this course may be ordered. Area will assure that the course director and backup are invited to, and attend, the course director conference.
-  If the course is not approved, the area training chairman, along with the area director, should confer with the host council to resolve problems.

_____	_____	_____
Area training chairman or director (or regional representative)	(signature)	Date
(print or type name)		

**Submit request to the National Council, BSA.**

**^**  
If the course is approved, the Area Training Chairman must e-mail or fax the approved application to the Volunteer Development Team, the host council staff adviser, and the area director.



**E-mail: nationaltrainingcourse@scouting.org**  
**OR**  
**Fax: 972-580-7894**

<p><i>National Volunteer Development Team Use Only</i></p>	<p><i>For National/Area Use Only</i> <i>Course Number Assigned (Wood Badge Only)</i></p> <p>_____ - _____ - <b>13</b> - _____</p> <p>Region Letter/Area No.    Host Council No.</p> <p>May be blank if council has only one course</p>
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