



REQUEST FOR AUTHORIZATION TO CONDUCT A NATIONAL TRAINING COURSE

Course will be held in

2015 2016

Course type requested

Wood Badge



NYLT



Host council _____ House council No. _____ Region _____ Area No. _____

Address _____

City _____ State _____ Zip code _____

Host council staff adviser _____

Daytime phone number _____ Email _____

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 any required training and/or Course Director Conference, if any, as required in the staff guide for the respective course.

Course director

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Current Scouting position _____

Backup course director

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Current Scouting position _____

NYLT/PH/WB Staff Experiences			
List experience only 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 approved** 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 course director are invited to and attend any required 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 Scouting U.

If the course is approved, the area training chairman must email or fax the approved application to Scouting U, the host council staff adviser, and the area director.

**Email: nationaltrainingcourse@scouting.org
OR
Fax: 972-580-2340**

**For National/Area Use Only
Course Number Assigned (Wood Badge only)**

_____ — _____ — **15** — _____
Region Letter/Area No. Host Council No. May be blank if council has only one course.

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_____ — _____ — **16** — _____
Region Letter/Area No. Host Council No. May be blank if council has only one course.