



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.

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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

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