

## Custom Training Request

**Step 1:** Please fill out your contact and agency information.

<b>Requestor Name:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Organization:</b>	
<b>Project(s):</b>	

**Step 2:** Please let us know more about the users being trained & new project setup.

<b>Total number of users being trained:</b>	
<b>Are these users new or existing?</b>	New____ Existing____ Both____

<b>New projects that must be set up:</b>	
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Note: HMIS will need all new user information 3 days prior to the training and all new project setup information 5 days prior to the training (please find applicable forms on our website). If the information is not provided in this time period, the training may be rescheduled.

**Step 3:** Please select the training topic(s) you are interested in.

<input type="checkbox"/> Entry/Exit Workflow	<input type="checkbox"/> Case Management	<input type="checkbox"/> Coordinated Entry
<input type="checkbox"/> ShelterPoint	<input type="checkbox"/> RHY	<input type="checkbox"/> HOPWA
<input type="checkbox"/> PATH	<input type="checkbox"/> SSVF	<input type="checkbox"/> Outreach
<input type="checkbox"/> Reporting	<input type="checkbox"/> Refresher/Q&A	<input type="checkbox"/> Other

Please describe the reason for this training request and the issue(s) that you are seeking clarification/resolution on:

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**Step 4:** Please select the type of training requested

<input type="checkbox"/> Custom Online	<input type="checkbox"/> At my agency	<input type="checkbox"/> CRN Training Lab (Tempe, Flagstaff, Tucson)
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Note: Agency must provide all internet and display capabilities for the “At my agency” trainings.