



# TRAINING REQUEST FORM

Office of Equity and Inclusion

**Note:** All workshops require at least 4 weeks advance notice and should have at least 8-10 attendees. The room set-up for the workshop should allow open space for participants to walk around. All fields are required.

<b>Requestor Information</b>	<b>Name:</b>		<b>Phone:</b>
	<b>Department:</b>		
<b>Date of Request</b>		<b># of Attendees</b>	
<b>Name of Educational Training</b>			
<b>Learning Objectives</b>	1.		
	2.		
<b>How will this workshop be beneficial for your group?</b>			
<b>Proposed Date(s)</b>			
<b>Proposed Time(s)</b>			
<b>Proposed Duration</b> <i>Note: There will be a minimum 1.5 hour content required for the Interactive Workshop</i>			
<b>Proposed Location</b>			
<b>Audience</b>			

To submit this completed request, please save as a PDF and email the URSMD Office of Equity and Inclusion ([urmcoei@urmc.rochester.edu](mailto:urmcoei@urmc.rochester.edu)). After reviewing the request, you will be contacted by someone from OEI regarding next steps. Thank you for your interest in Educational Training at the University of Rochester Medical Center.

\_\_\_\_\_ The section below is for the Office of Equity and Inclusion. \_\_\_\_\_

<b>Trainer(s) Assigned</b>			
<b>Date/Time/Location</b>			