**ATTACHMENT G**

**Example of E-mail Request for Course Change**

**Form Approved**

**OMB NO. 0920-0138**

**Expiration Date: xx/xx/20xx**

**From:** Micky Sullivan #091
**Sent:** Monday, May 11, 2020 1:38 PM
**To:** Rogers, Kathleen (CDC/NIOSH/RHD/SB) <luu6@cdc.gov>
**Subject:** Practicum Instructor Candidate

Kathleen,

Attached is a resume as well as a cover letter written to me for XXX.  I have worked with XXX for over twenty years and found her to be extremely knowledgeable in occupational health.  She has helped with our hearing conservation class as a practicum instructor as well as a lecturer on numerous occasions.  She has also attended our full NIOSH course as well as two or three refresher courses.  She is an exceptional spirometry technician.

As you can see from the cover letter, with everything that is going on, she has taken a retirement package from XXX.  I respectfully request approval of XXX as a practicum instructor for OMI.  Our intention is to eventually submit XXX as a Course Director as well, however in the short term we would like her to work with us for a while before looking at that.

We feel once we begin teaching again, we are going to be extremely busy and need additional practicum help to cover our courses.  I appreciate your consideration of XXX as a practicum instructor with OMI, NIOSH-approved Sponsor #091.

I look forward to your response.

Thank you,

Micky Sullivan

Chief Executive Officer

OMI

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0138). Do not send the completed form to this address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_