Agency Information

Agency:

Please provide contact information for a point of contact for PTSCTP related correspondences with FTA.

Last Name, First Name:
Position:
Email Address:
Phone Number:

Notes:

Agency Refresher Training Requirement

Please use the fields below to list the training courses or activities your agency has identified to satisfy the r
requirements of the PTSCTP. Please note that refresher training must include, at a minimum, one hour of sa
*Please list the **exact title** of the courses or activities your agency has identified. Please use the text fields to*
agency that developed the course or activity and the length of the course or activites (in hours). Please use
each course to indicate if the training course or activity applies to all tracks of the PTSCTP (e.g., SSOA, RTA,

Number of courses that must be completed: ***Please Select***

Please describe if "Other":

The first entry is an illustrative example only and should be updated to reflect agency rec

Course Title: Example: *SMS Awareness*
Course Developer: Example: Transportation Safety Institute (TSI)
Course Length (Hours): Example: 1 hour
PTSCTP Track: All *Please indicate if the course or activity applies to one or all trac*

Course Title:
Course Developer:
Course Length (Hours):
PTSCTP Track: Please Select *Please indicate if the course or activity applies to one or all trac*

Course Title:
Course Developer:
Course Length (Hours):

PTSCTP Track: Please Select *Please indicate if the course or activity applies to one or all trac*

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Course Length (Hours):
PTSCTP Track: Please Select *Please indicate if the course or activity applies to one or all trac*

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PTSCTP Track: Please Select *Please indicate if the course or activity applies to one or all trac*

Course Title:
Course Developer:
Course Length (Hours):
PTSCTP Track: Please Select *Please indicate if the course or activity applies to one or all trac*

efresher training
afety oversight training.
indicate the name of the
the selection box below
and Bus) or a specific track.

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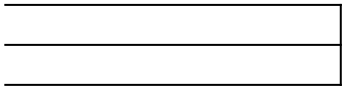

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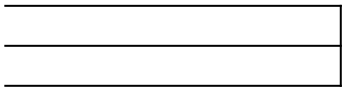

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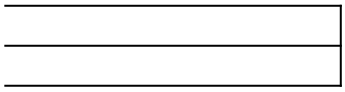

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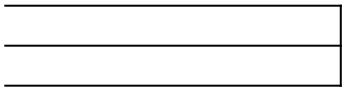

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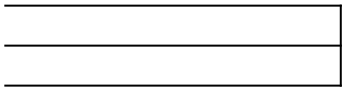

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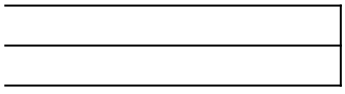

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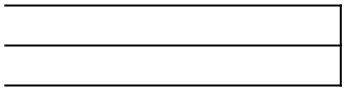

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Participant Status	Date Inactive (if applicable)	Reason Inactive (if applicable)	Last Name
Please Select Status			
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Please Select Status			
Please Select Status			
Please Select Status			
Please add additional agency employees and contractors below this line. FTA will issue these participa			
Please Select Status			
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Please Select Status			
Please Select Status			
Please Select Status			

First Name	Agency	Contractor Organization	Position

nts Individual Training Plans for the PTSCTP if they are not already enrolled.

Email Address	PTSCTP Track	PTSCTP Enrollment Date	Required PTSCTP Completion Date

Required Refresher Training Completion Date