



Request for Authorization to Conduct a National Training Course

YEAR IN WHICH COURSE WILL BE HELD: _____



HOST COUNCIL INFORMATION

Council Service Territory #: _____ Council #: _____ Council Name: _____

Staff Advisor Name: _____ Staff Advisor Title: _____

Email Address: _____ Phone: _____

COURSE INFORMATION

Multi-Council Course (Check One): Yes No (If Yes, List Other Council(s): _____)

Wood Badge Courses ONLY: Course Number: _____ (CST # - Council # - Year - Course #) (e.g. 10-350-25-1)

Course Type (Check One): Weeklong Two-Weekend

Course Dates: _____ (e.g. June 10-15 **OR** May 3-5 and May 10-12)

Course Location (Property Name and City/State): _____

COURSE DIRECTOR/BACKUP COURSE DIRECTOR INFORMATION

The following names are submitted as candidates for course director and backup course director. The host council agrees that, if approved, each will attend a Course Director Conference within 24 months of the start of their course. A course director and backup course director must meet all of the minimum requirements as outlined in the administration section for the applicable course. Click on the following link to view both course administration sections: <https://bit.ly/wbnyltadminsections>

COURSE DIRECTOR

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Current Scouting Position: _____

Course Director Staff Experiences

List experience related to the type of course (Wood Badge or NYLT) starting with the most recent.

Course	Position	Month/Year

BACKUP COURSE DIRECTOR

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Current Scouting Position: _____

<u>Backup Course Director Staff Experiences</u>		
List experience related to the type of course (Wood Badge or NYLT) starting with the most recent.		
Course	Position	Month/Year

	Course Director	Backup Course Director
<i>Wood Badge</i> : Number of times served on Wood Badge staff?		
<i>Wood Badge</i> : Has served as a troop guide and one other required position on a Wood Badge staff?	Yes <input type="checkbox"/> (Year:) No <input type="checkbox"/>	Yes <input type="checkbox"/> (Year:) No <input type="checkbox"/>
<i>Wood Badge and NYLT</i> : Has completed Wood Badge as a participant?	Yes <input type="checkbox"/> (Year:) No <input type="checkbox"/>	Yes <input type="checkbox"/> (Year:) No <input type="checkbox"/>

HOST COUNCIL APPROVAL

Authorization is requested to conduct a national training course as listed above. The host council agrees that staff, equipment and facilities will meet the standards and expectations set by Scouting U along with strict adherence to the current course materials (Administration, Staff Development, and Syllabus).

COUNCIL TRAINING CHAIR

Name: _____ Signature: _____ Date: _____

SCOUT EXECUTIVE

Name: _____ Signature: _____ Date: _____

Host Council: Send the completed/signed form electronically to your Territory Training Coordinator.

TERRITORY TRAINING COORDINATOR APPROVAL

APPROVED NOT APPROVED

TERRITORY TRAINING COORDINATOR COMMENTS

TERRITORY TRAINING COORDINATOR ACKNOWLEDGEMENT

Name: _____ Signature: _____ Date: _____

Territory Training Coordinator: Send completed/signed form electronically to NationalTraining.Course@scouting.org and all host council contacts.