Oregon Department of Corrections
Professional Development Unit
Salem, Oregon

Instructions:
Complete application, save a copy to your drive with a new name, and then send to PDU e-mail box as an attachment.

# NEW COURSE APPLICATION & SUBMISSION

**COURSE TITLE:**

Does this course replace an existing course? ☐ No ☐ Yes

If known, please choose the *division* of training:

If YES, which course does it replace?

## SECTION 1: Course Description

## SECTION 2: Instructional Goal and Learning Outcomes

As a result of this course, the participants will be able to:

Course effectiveness will be measured by:



**Continue on the next page**

## SECTION 3: RESOURCES-Reference materials used to develop course content

**(Examples of reference material entry)**
***Example 1 - Rule/Policy/Post Order***
Oregon Administrative Rule 291, Division 083 Controlled Feeding [online] Available {*if able; insert hyper link to rule or policy*}
***Example 2 - Web Site***
New child vaccine gets funding boost. (2001). Retrieved March 21, 2001, from {*insert Web address*}
***Example 3 - Book or Article***
Crawley, Elain, Doing Prison Work, William Publishing, 2004

## SECTION 3a: *Subject Matter Experts (SME's)*-List all subject matter experts who assisted with this course.

| First Name | Last Name | Title | Reviewed Final Content |
|---|---|---|---|
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |
| | | | ◯ Yes ◯ No |

If any listed SME's have not reviewed the final content, please give reasons below

*****ATTACH LESSON PLAN & SUPPORTING LEARNING MATERIALS (POWERPOINT, HANDOUTS, ETC) TO THIS APPLICATION*****



**Continue on the next page**

## SECTION 4: DETAILS

**Target Audience:**

**Length of Course (credit value in increments of 30 minutes):**

**Delivery Method:** Select a delivery method

**Course Developed for Program:** Select Program

**If online course, expected due date:**

**Course is to be offered:** Select Frequency

**Prerequisites required?** ☐ Yes ☐ No

If yes, list courses:

**Will course be taught by a vendor?** ☐ Yes ☐ No

If yes, provide name of vendor organization:

**Authorized Instructors:** (classroom courses only)

List authorized DOC staff: ☐ Will submit names later

| First Name | Last Name | First Name | Last Name |
|---|---|---|---|
| | | | |
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## SECTION 5: Applicant Information

First and Last Name:

Date Submitted:

Functional Unit/Institution:

Position:

## SECTION 6: Approval Signatures (Signatures required for final submission)

Reviewed by: Date:

PDU Training and Development Specialist (type name here or print/sign name)

Approved by: Date:

Superintendent/Designee for Institution Based Use (type name here or print/sign name)

Approved by: Date:

Central Office Administrator/Designee OR Program Administrator/Designee for Statewide Use (type name here or print/sign name)

Approved by: Date:

PDU Administrator/Designee (type name here or print/sign name)

*By typing their names in the adjacent boxes, the staff attest that they have read and/or reviewed the material and as such carries all the weight of a hand written signature.*

## PDU CURRICULUM COORDINATOR USE ONLY

***PDU Project # (Year and #):***

Date Curriculum Coordinator Received:

Curriculum Coordinator initials:

☐ Curriculum Files Uploaded in *iLearnOregon* ☐ Course authorized instructors identified in *iLearnOregon* ☐ Submitter and PDU DL notified via e-mail

Date course entered into *iLearnOregon*:

**DPSST Cross Reference** **(Note: There may be up to 4 potential DPSST categories, only choose those that apply)**

DPSST 1st Category

DPSST 2nd Category

DPSST 3rd Category

DPSST 4th Category

☐ Check this box if there are NO DPSST Courses which apply

Identify the potential DPSST Course numbers here:
(May have more than one)

Date Cross Check Completed:

Completed by:

Notes: