



Delaware County Emergency Medical Services

Training Justification Form

Title of Training: _____

Date(s) of Training: _____

Scope of Training: _____

Objective of Training: _____

Benefits of Training: _____

Alternatives: _____

Cost of Training: _____

Budgeted? - Yes - No

Appropriation: \$ _____ Current Expenditure \$ _____

Required Training? - Yes - No

CE Credits Earned? - Yes - No Number Earned: _____

Overtime Required? - Yes - No If yes, please explain: _____
