HPRC Training Request Form

Once you have completed this form, save it and email it to: HPRC@usuhs.edu.

Contact Information

Name:

Organization/Unit:

Email address:

Is the requestor the primary point of contact? ☐ Yes ☐ No

If no, provide name and email for primary contact:

Event Logistics

Location: ☐ In person ☐ Virtual ☐ Hybrid

If in person, please specify the location/installation:

Event format: ☐ Presentation ☐ Workshop ☐ Curriculum Development ☐ Train-the-Trainer

Estimated duration (60-minute presentation, half-day workshop, 5-day course, other):

Target audience (Service Members, leadership, healthcare providers, others):

Estimated number of participants:

Is there funding available for this request? ☐ Yes ☐ No

Education Goals

Which domains apply to your request? (Select all that apply)

☐ Total Force Fitness ☐ Mental ☐ Sleep
☐ Physical ☐ Social ☐ Cognitive
☐ Nutritional ☐ Spiritual ☐ Other

If other, please specify:

What is the primary goal of this training? (What should attendees know or be able to do by the end?)

Why is this education needed at this time? (For example, is there an upcoming event, identified gap, or upcoming deployment?)

Thank you for your request. Email the completed form to HPRC@usuhs.edu, and we will respond within 5 business days.