

**REQUEST FOR TRAINING COURSE APPROVAL  
STATE 9-1-1 COMMITTEE DISPATCHER TRAINING FUND  
Training Provider/Vendor Policies & Procedures**

*Exhibit 1*

**Policies:**

- Prior to applying for, and receiving, a course approval number, the Provider/Vendor will refrain from referencing the State 9-1-1 Committee, or the related course approval process or number, on any correspondence or advertisements
  - New requests may take up to six (6) weeks for processing.
- The State 9-1-1 Office must be notified if a provider has a change in course content, instructors or materials. A new application may be required.
- Conferences must follow the minimum of 6 hours of training within a 24 hour period standard to qualify for State 9-1-1 Committee approval.
- At the conclusion of each course, a sign-in sheet will be sent to the State 9-1-1 Office by fax to (517) 336-6230, mailed via US mail, or emailed to [SaucedoG@michigan.gov](mailto:SaucedoG@michigan.gov).
- A member of the State 9-1-1 Committee or Dispatcher Training Subcommittee may audit (at no charge) the course anytime while the course is active and approved by the State 9-1-1 Committee.

**Procedures for Reviewing a Request:**

**Purpose** – The Dispatcher Training Subcommittee of the State 9-1-1 Committee strives to encourage valuable training and works with vendors to help them meet the approval requirements. This will help facilitate the availability of reimbursable training statewide.

**Authority** - The subcommittee has been given the authority by the State 9-1-1 Committee to recommend approval of training courses eligible for reimbursement from the State 9-1-1 Committee Training Fund. (MCL 484.1408(4)(c))

**Initial Receipt of Requests** – When a request for approval of a course is received by the State 9-1-1 Committee (through the 9-1-1 Office), it will be forwarded to the Course Approval Workgroup of the Dispatcher Training Subcommittee.

**Review Process** – The workgroup is responsible for ensuring that Form DTS-34 is thoroughly completed and that all appropriate attachments are included. Special attention will be focused on –

1. Item 6 – Instructors. Are they qualified to teach dispatch personnel? Do they have content expertise and the ability to teach the material? What proof is there of that?
2. Item 18 – What is the need for this course? Does it relate to what is needed in the PSAP?
3. Item 21 - Syllabus/Outline provided?
4. Item 22 – Performance Objectives. Are they 9-1-1 appropriate?
5. Course Content – The workgroup will carefully evaluate the critical areas of 9-1-1 services. If the submission doesn't follow the instructions listed on the DTS-34, the workgroup will work with the vendor to ensure understanding of the concepts.

**Approval** – If the Training Subcommittee Workgroup recommends approval of the course request, the vendor will be notified by the State 9-1-1 Office and the State 9-1-1 Office will register the course.

**Disapproval** – If the Training Subcommittee Workgroup recommends denial of the course request, the vendor will be notified by the State 9-1-1 Office. If the vendor appeals the decision, the first appeal will be heard at the Training Subcommittee level. If there is a second denial, then the vendor may appeal to the full State 9-1-1 Committee at the next scheduled meeting.

***As a provider/vendor of dispatcher training approved through the State 9-1-1 Committee in the State of Michigan, I have read and understand the above policies and procedures:***



**Signature:** \_\_\_\_\_

**REQUEST FOR TRAINING COURSE APPROVAL**  
**STATE 9-1-1 COMMITTEE DISPATCHER TRAINING FUND**  
**INSTRUCTIONS FOR COMPLETION OF THE APPROVAL REQUEST (DTS-34)**  
**PLEASE NOTE: THE APPROVAL PROCESS HAS BEEN UPDATED**

Read these instructions carefully before completing the form. Applications must be submitted electronically. Complete all sections of the form and attach additional sheets as necessary to completely answer all questions. Do not leave any section blank. Be sure to attach all required documentation; i.e. Instructor Resumes, Course Outline/Syllabus, and Performance Objectives. Missing and incomplete information will prevent us from processing your request. Please allow six weeks for processing.

Form Completion

1. Enter the name of the Agency requesting the approval and the complete mailing address.
2. Enter the Date that the request was completed.
3. Enter the Title of the course or its Classification. Please reference any courses related to this application. (Renewal or annual conferences.)
4. Enter the Name of the Course Coordinator and his/her phone number. This is the person who is responsible for answering any questions pertaining to this course and/or the completion of this form.
5. Enter the email address of the Course Coordinator.
6. Attach an instructor resume for each instructor who will teach this course.
7. Enter the number of hours each day that the participants will be in class. If the course is self-paced, explain in box 11.
8. Enter the total number of hours of the program.
9. Enter the ratio of instructors to students.
10. Indicate who is the intended audience; e.g., dispatchers, call takers, dispatch supervisors, directors, etc.
11. Provide a description of the training program, and attach a copy of any available brochure.
12. Indicate the requirements that are needed to maintain certification in this skill area.
13. Enter the required amount of time the participant must be in class in order to successfully complete the course.
14. Indicate any special facility and equipment requirements that may be needed for this program; e.g., computers, radios, other telecommunications equipment, etc.
15. Indicate all dates and locations where training is scheduled to be presented (if known).
16. Indicate all reading assignments and texts that will be used.
17. Indicate the methods of instruction; e.g. lecture, fieldwork, independent study, group projects, etc.
18. Indicate why this training is needed.
19. Provide or Indicate the relationship of this course to 9-1-1 operations; how does this course contribute to the effective operations of the 9-1-1 center?
20. Provide or Indicate the completion requirements for this course; i.e. will the participant have to pass a written or skills test.
21. Attach a course Syllabus/Outline with this request.
22. Attach the Performance Objectives for this course with this request.

***E-mail the completed form with all of the required attachments to:***

Ms. Gina Rosendall-Saucedo  
9-1-1 Administration  
[SaucedoG@michigan.gov](mailto:SaucedoG@michigan.gov)  
(517) 336-3438

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Please <b>email</b> to: Ms. Gina Rosendall-Saucedo at SaucedoG@michigan.gov		<b><u>DTS- USE ONLY</u></b>	
		Course Code:	
		Course Number:	
		Type of Request:	
1. Agency Name:  Complete Mailing Address:		2. Date:	
3. Course Title/Classification:			
4. Course Coordinator:		Phone Number:	
5. Email Address:			
6. Instructor(s): - <b>(Attach an ELECTRONIC resume for each instructor who will teach this course)</b>			
7. Required Hours Per Day:	8. Total Course Hours:	9. Student/Instructor Ratio:	
10. Who is the Intended Audience?			
11. Please Provide a Brief Description of the Course:			
12. Recertification/Skill Maintenance Requirements:			
13. Attendance Requirements:		14. Facility and Equipment Requirements:	
15. Dates and Locations that this training will be presented: Date:                      Location: Date:                      Location: Date:                      Location: Date:                      Location: Date:                      Location:			
16. What are the required text(s) or reading assignments?			
17. What are the methods of instruction?			
18. What is the need for this course?			
19. What is the relationship of this course to 9-1-1 operations?			
20. What are the completion requirements for this course?			
21. Course Syllabus/Outline: <b>(Provide as an electronic attachment With This Request)</b>			
22. Performance Objectives: <b>(Provide as an electronic attachment With this Request)</b>			