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| --- | --- | --- | --- | --- | --- | --- | --- |
| [x]  | New Course  | [ ]  | Existing Course Revision | From Rev : |  | To Rev: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number  |  (Steve Nava will assign) | Rev | : | Training Hours: |  2 Hours |

*Numbers for new courses will be assigned by HRMS Team If applicable. Training length to be used for*

 *(30 character space limit) Credit hours, Contact Hours, CPE Hours*

|  |  |
| --- | --- |
| Name of course: | 장애인 인식개선 교육 (Nov. 2021) |

*100 character space limit*

|  |  |
| --- | --- |
| Course Description: |  MTS Korea 장애인 인식개선 교육 – 법정교육 2021년 |
| *What does the course provide to the employee?*  |
| *10,000 character space limit* |  |

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| --- | --- | --- |
| Frequency /Retraining Setting | [x]  Initial/Upon Revision | Training Type |
| [ ]  12 months | [x]  OLT | [ ]  ILT |
| *How often the training is needed* | [ ]  24 months | *On Line Training* | *Instructor Led Training* |
| [ ]  36 months |

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| Set up: | [x]  Read & Acknowledge | [ ]  Instructor Led |
| [ ]  Read & Test | Skills Evidence: | [ ]  Yes | [x]  No |
|  | [ ]  Watch & Acknowledge |  |  |  |

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| Material Location: | (this will be the SharePoint Link to the completed & approved procedure or work instruction. Or if file is given to Steve Nava he will add this.) |
|  | *HTTP address for course materials, procedures, work instructions, etc. Cannot be a network drive.* |  |
| Instructor /Contact person: | Jung, ChanMyeong |
|  | *Internal contact for course material.* |  |  |

Select the appropriate Catalog/ Subject areas:

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  EHS |  |[ ]  Product Development |  |
|[ ]  Engineering |  |[ ]  Quality |  |
|[x]  Human Resources |  |[ ]  Sales |  |
|[ ]  Management |  |[ ]  Service |  |
|[ ]  Manufacturing |  |[ ]  Leadership Development |  |
|[ ]  Marketing |  |[ ]  First Responder |  |
|[ ]  Materials |  |[ ]  Facilities |  |
|[ ]  Compliance |  |[ ]  I.T. |  |

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| QMS System |  | Scope: |  |
|  | Where training applies, e.g. location, sites, manual coverage |

|  |  |  |
| --- | --- | --- |
| Legal/ internal requirement: |  |  |

 *If applicable*

|  |  |  |
| --- | --- | --- |
| Aspect/Hazard: |  |  |

 *For EHS courses*

|  |  |
| --- | --- |
| Job Title/ Role /Target Audience: |  |
|  | *Who will be assigned this training* |

**Approval:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Manager Signature | Function | Date |