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

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| Set up: | Read & Acknowledge | Instructor Led |
| Read & Test | Skills Evidence: | Yes | 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 |  |
|  | 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 |