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| --- | --- | --- | --- | --- |
| Requestor |  | Date Requested | |  |
| Lesson POC Email Address | CPTraining.VBACO@va.gov | Date Required | |  |
| Section I: Lesson Materials Please indicate the documents to be uploaded to the VBA Learning Catalog (ensure documents are attached): | | | | |
|  | **Please list any additional materials:** | | | |
| Section II: Lesson Details | | | | |
| TMS Item Number | **Existing Item Number (if applicable):** | | | |
| Lesson Title |  | | | |
| Learning Hours |  | | | |
| Target Audience(Select all that apply) **\*\***Be sure to select the intended target audience for the lesson as outlined on the lesson plan.  Please refer to the curriculum section below to designate assignments. \*\* | **If other, please specify:** | |  | |
| Prerequisite Training | Before this training, the employee should have completed: | | | |
| Objective | After completing this lesson, the employee should be able to: | | | |
| Course Description |  | | | |
| Design/Delivery Method (this determines the type of Level 1 evaluation to be attached) | If other, please specify: | |  | |
| Will this lesson be assigned centrally as mandatory training? If so, please indicate the TMS curricula in which this item should be added. \*\*Be sure to list a required date for all mandatory assignments\*\* | FY19 VSR NTC: **Required Date:** FY19 RVSR/DRO NTC:Required Date: FY19 Claims Asst. NTC: **Required Date:** FY19 Pre-Discharge MSC NTC: **Required Date:** | | Specialized Training Curricula:     **If other, please specify:**    **Required Date (other):**   Will not be centrally assigned: | |
| New items will be added to the Comp Service and VA TMS Standard user catalogs, unless otherwise specified.Please indicate any additional TMS catalog(s) in which this item should be added: | **If other, please specify:** | | | |
| Section III: Level 1 Survey Please note all items will include a Level 1 Survey unless otherwise indicated below: | | | | |
| Is there a reason this item should NOT have a Level 1 Survey attached? | **If yes, please explain:** | | | |
| Section IV: Level 2 Assessment | | | | |
| Does this item need a Level 2 Assessment (exam)? |  | | | |
| **Additional Information/Instructions (Ctrl + Enter for a new line):** | | | | |
|  | | | | |

**Please email the completed form and necessary documents to the Compensation Service Training Staff at** [**CPTraining.VBACO@va.gov**](mailto:CPTraining.VBACO@va.gov)