



SHARED TRAINING PROGRAM

Please return this form to Renu Sapra at: rsapra@courts.az.gov

After review, you will be emailed a link where you may upload your materials.

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Program Name: _____

What type of course is it? :

If Other, Please describe: _____

Is this program COJET accredited?

Length of program: _____

Please provide a summary of the class (include additional sheets if needed).

A copy of ALL class material will be requested after review. This would include any handouts, videos, Power Point presentations or other teaching aids.

Signature _____ Date _____

By submitting this form, and the required attachments, you certify that you are the author of the material and that you authorize JSEC to freely distribute the material without any compensation.