



Badge Approval Request

Please complete the following form and email to ecp@montana.edu. All sections must be completed unless marked Optional.

Name of Badge: _____

Total Number of Training hours (minimum of 16 hours required): _____

Courses required for Badge (must be available on statewide training calendar and be 2 hours):

Name	Course ID:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Justification for Badge:

Ideas for badge icons (optional):

Names and emails of those involved in Badge Proposal (must include at least one person who is a Level 4 or a PDS):



To be completed by Badge Committee:

Badge Committee decision on badge proposal:

___Approve/___Deny

Date_____

Reason for denial:

Areas to be corrected:

Requesters notified by email Yes____ No ____

Date Notified_____