



**UNC Hospitals'  
Beacon Program  
Training Request Form**

Name of Requestor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department Requesting Training: \_\_\_\_\_

Intended Audience for Training?

\_\_\_\_\_

Location of Training:

\_\_\_\_\_

Tell us your training needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed dates and times for training? (Provide at least 2-3 possible dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete form and email to [beaconpr@unchealth.unc.edu](mailto:beaconpr@unchealth.unc.edu). Someone will get in touch with you as soon as possible to schedule your training! If you need to speak with someone directly regarding training, please contact us at 984-974-0470. Thank you!