

**Ohio Department of Health
Train-The-Trainer Program (TTT)**

246 N. High Street, Columbus, OH 43215 • Telephone (614) 752-8285 • Fax (614) 564-2596

TTT Program Quarterly Schedule

Effective 03/2007

Instructions: In accordance with Ohio Administrative Code 3701-18-16 (C) (4), the program shall notify the director of its scheduled programs as soon as possible prior to conducting them. Please **submit this form** as soon as your program has been scheduled. If you have more than four classes per quarter, use a second page.

Program Name	Approval Number
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			Name of Approved	
First Quarter	Dates	Time	Classroom	
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
Dates	Time			
From: To:	From: To:			

			Name of Approved	
Second Quarter	Dates	Time	Classroom	
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
Dates	Time			
From: To:	From: To:			

			Name of Approved	
Third Quarter	Dates	Time	Classroom	
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
Dates	Time			
From: To:	From: To:			

			Name of Approved	
Fourth Quarter	Dates	Time	Classroom	
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
	Dates	Time		
	From: To:	From: To:		
Dates	Time			
From: To:	From: To:			

Submitted By	Date
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