**Request a course assignment**

1.Contact Email

Enter your answer

2.Contact Phone Number

Enter your answer

3.What is your deadline for this request?

Please input date (M/d/yyyy)

4.Which entities are affected?

[ ] Only LGH (Lancaster General Health)

[ ] Only PMPH (Princeton Health)

[ ] Only CCH (Chester County Hospital)

[ ] Only HUP (Hospital of the University of Pennsylvania)

[ ] Other Entities or All Entities

5.Which audience best fits this request?

[ ] Clinical

[ ] Non-Clinical

[ ] Indirect Clinical

[ ] All of the above or unknown

6.Please select the specific entities affected

[ ] CCA

[ ] CCH

[ ] CORP

[ ] CPUP

[ ] GSPP

[ ] HUP

[ ] LGH

[ ] PAH

[ ] PMAH

[ ] PMPH

[ ] PPMC

[ ]  Other 

7.Is this request for nurses?

[ ] Only Nurses

[ ] Only Non-Nurses

[ ] A Mix (Nurses and Non-Nurses)

8.Please enter the NPDS or CNES name (Nursing Education Contact)

Required for nursing requests

Enter your answer

9.List the course(s) to be assigned

*Please provide Item IDs for existing courses (for example, HS.20003.ITEM.CRSTITLE).*

Enter your answer

10.What is the due date for the course(s)?

*For example, # days after it is assigned or by a specific*
*If multiple courses and multiple due dates, select "Other" and specify due date for each course.*

[ ] No due date

[ ] Due within 30 days of date assigned

[ ] Due within 60 days of date assigned

[ ] Due by specific date

[ ]  Other 

11.Specific Due Date (if you selected "specific due date above")

Please input date (M/d/yyyy)

12.How often is retraining required?

[ ] Never

[ ] Every 6 months

[ ] Every year

[ ] Every two years

[ ]  Other 

13.How would you like to assign courses?

[ ] I will email a link to my employees

[ ] I will assign my employees via the My Team tab

[ ] I want the system to assign it automatically by job code, department, etc.

14.Who needs to be assigned?
*List as much information as possible: ENTITY, DEPARTMENTS, JOB CODES, PENN IDs. etc. If you do not know this information, please work with your CHRO, HR partner, or HRIS to obtain a detailed list. Instead of typing the information, you may send a spreadsheet containing the information.*

Enter your answer

15.Email for Compliance

*Email address of the person who will be running reports to track compliance for this assignment. They will be trained on how to run compliance reports in Knowledge Link.*
*This email will also be provided to people who request that the course(s) be removed.*

Enter your answer

16.Reason why learners must complete this training

*This response will be provided to learners requesting that the course(s) be removed.*

Enter your answer

17.Additional Assignment Request Comments (Optional)

Enter your answer