**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