# Non-NERC Approved Training Activity Submission

Name of PJM Designated Training Liaison: Date

Name of Member Company:

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| **NERC Approved CE Activity (Course) Information:** | | | |
| Activity Title: |  | | |
| Activity Description: |  | | |
| Activity Hours:  EOP: |  | Activity relates to the following NERC Standards:  (Indicate # of hours) | CIP-004       COM-002  EOP-004       EOP-005       EOP-008  IRO-001       PER-005 |

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| **Task Association** | |
| Please indicate the Task(s) that relates to this Learning Activity: | |
| **Generation**  G01 - Forward-looking Data Submittal & Verification  G02 - Resource Reporting & Testing  G03 - Respond to Unit Problems & Monitor Parameters  GCS3A - Respond to Unit Problem Notification  GCS3B - Requirements for Bringing Unit On/Off  G04 - PJM Operational Information  G05 - Capacity Emergencies  G06 - Voltage Emergencies  G07 - Conservative Operations  G08 - BUCC  GCS8 - Loss of Functionality Procedures  G09 - Restoration Condition  GCS9 - Restoration Requirements  G11 - Equipment Outages  G12 - Data Exchange  GCS12 - Data Accuracy in EMS  G13 - Telecommunications  G14 - Communication Exchange | **Transmission**  T01 - Weather & Load  T02 - BES Equipment Problems  TCS2 - BES Equip Problem Notification  T03 - Reactive Resources  T05 - Monitoring Facilities  TCS5A - Security Analysis  TCS5B - Load Shed  T06 - Operational Information  T07 - Capacity Emergencies  T08 - Voltage Emergencies  T09 - Conservative Operations  T10 - BUCC  TCS10 - Loss of Functionality Procedures  T11 - System Restoration  T11.1 - EOP-005-3 T8.1 System Rest Plan  T11.2 - EOP-005-3 T8.2 Rest priorities  T11.3 - EOP-005-3 T8.3 Cranking paths  T11.4 - EOP-005-3 T8.4 Synchronizing  T11.5 - EOP-005-3 T8.5 Transition of DR  TCS11 - Restoration Guide  T12 - Equipment Outages  TCS12A - Modeling Outages  TCS12B - SCADA  T13 - Data Exchange  TCS13 - Data Accuracy in EMS  T14 - Telecommunication  T15 - Communication Exchange |

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| **Participant Information** | | | |
| **Learner’s Name** | **NERC Certification Number**  **(if applicable)** | **Date of Training** | **Total # of Training Hours Awarded** |
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| **Sponsorship Affidavit** | |
| The submitting PJM Training Liaison, on behalf of the sponsor(s), agrees to:   * Maintain accurate records of all participants’ attendance and submit via this form to the PJM office following the completion of the training activity. For activities where partial credit is allowed, the sponsor will record those parts of the learning activity that the participants completed. * Ensure that the training activity is delivered according to the PJM Member Systematic Approach to Training, that attendance is monitored and accurately recorded, and that the evaluation is performed and the results are accurately recorded and retained. * Maintain relevant course documentation for three years. * Uphold the standards for high quality continuing education activities. | |
| I agree: | Training Liaison Name: |