

## TRAINING APPROVAL/CONFIRMATION FORM

Please complete this form and provide to your supervisor at least two weeks prior to the start of the training you plan on attending. **NOTE THAT PRE-APPROVAL IS REQUIRED PRIOR TO REGISTERING FOR ALL TRAININGS.** Please keep a copy for your files and provide a copy to your supervisor. **PCTI does not need a copy.** For external trainings that do not provide certificates of completion, supervisors can use this form to provide confirmation that the training has been completed by their staff.

First Name: <u>Erika</u>	Last Name: <u>de Santiago</u>
Job Title: <u>CDA</u>	Program/Site: <u>Foothill</u>
Divisional Director: _____	Division: <u>Portals</u>
Supervisor Name: <u>Crystal Spence</u>	

What is your primary reason for attending? (Select box below)

- Required for license/license renewal
- Required for management/professional development
- Required Culturally Responsive training
- Mandatory training
- Other (Specify) \_\_\_\_\_

### Please list the Desired Training(s)

- 1  Training Name: DMH Cultural Competency 101 Series  
 Date: 9/10/19 Time: 1:30- # of Hours: 1.5 Location: Webinar  
 Pacific Clinics Training       Pacific Clinics Webinar  
 Non-Pacific Clinics In-Person Training     Non-Pacific Clinics Webinar     Non-Pacific Clinics self-paced online module
  
- 2  Training Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Location: \_\_\_\_\_  
 Pacific Clinics Training       Pacific Clinics Webinar  
 Non-Pacific Clinics In-Person Training     Non-Pacific Clinics Webinar     Non-Pacific Clinics self-paced online module
  
- 3  Training Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Location: \_\_\_\_\_  
 Pacific Clinics Training       Pacific Clinics Webinar  
 Non-Pacific Clinics In-Person Training     Non-Pacific Clinics Webinar     Non-Pacific Clinics self-paced online module

*Please use a new form to list additional trainings.*

### Supervisor Use Only

Request Approved:  1     2     3    Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Notes: \_\_\_\_\_

### External Training Completion Confirmation (in lieu of Certificate of Completion)

Training Completed:  1     2     3    Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Notes: \_\_\_\_\_