

DATE: Jan. 28, 2019

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>Juliet</u>	Last Name: <u>Wong</u>
Job Title: <u>Billing / Gr Accountant</u>	Program/Site: <u>Arcadia</u>
Divisional Director: _____	Division: _____
Supervisor Name: <u>Niki Nghe</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 (3 parts 1-5 total hours)
 Date: Jan. 31, 2019 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

2 Training Name: Increasing Cultural Competency to Reduce Health Disparities: Approaches for States Tribes and Alaska Natives
 Date: Feb. 1, 2019 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: Micilybe Date: 1/28/2019
 Supervisor Notes: _____

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

Training Completed: 1 2 3 Supervisor Signature: Micilybe Date: 3/4/2019
 Supervisor Notes: _____