

DATE: 10/28/19

### 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: Samantha Last Name: Velazquez  
 Job Title: Mental Health Worker Program/Site: Whittier School Based  
 Divisional Director: \_\_\_\_\_ Division: EV-LVP  
 Supervisor Name: Mayra Jimenez

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: Behavioral Health Care for LGBTQ People  
 Date: 10/30/19 Time: 3pm # of Hours: 1 Location: Online  
 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: DMH Cultural Competency 101 Series  
 Date: 10/30/19 Time: 4pm # of Hours: \_\_\_\_\_ Location: Online  
 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: [Signature] Date: 11/4/19  
 Supervisor Notes: \_\_\_\_\_

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

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