

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>Tibbie</u>	Last Name: <u>Cheung</u>
Job Title: <u>Claims Recovery Manager</u>	Program/Site: <u>Claims Ops - Altadena</u>
Divisional Director: <u>Sharon Baker</u>	Division: <u>Claims Ops - Altadena</u>
Supervisor Name: <u>Alice Loo</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)

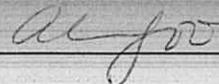
- 1 Training Name: DMH Cultural Competency 101 Series - 3 parts 1.5 hours
 Date: 11/05/2019 Time: Webinar # of Hours: 1.5 Location: Office
 Pacific Clinics Training Pacific Clinics Webinar
 Non-Pacific Clinics In-Person Training Non-Pacific Clinics Webinar Non-Pacific Clinics self-paced online module

- 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

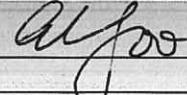
- 3 Training Name: _____
 Date: _____ Time: _____ # of Hours: _____ Location: _____
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Please use a new form to list additional trainings.

Supervisor Use Only

Request Approved: 1 2 3 Supervisor Signature:  Date: 11/5/19
 Supervisor Notes: _____

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

Training Completed: 1 2 3 Supervisor Signature:  Date: 12/30/19
 Supervisor Notes: _____



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.



COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH



CULTURAL COMPETENCY 101

Sandra Chang Ptasinski, Ph.D.
Ethnic Services Manager

PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION



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