

DATE: 2/5/20

**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: Vanessa S Last Name: Sanchez  
 Job Title: Mental Health Therapist Program/Site: Hye-wrap  
 Divisional Director: Lisa Lansing Division: CFS  
 Supervisor Name: Maryam Bothyadian

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 hrs)  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Hours: 1.5 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: \_\_\_\_\_  
 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: [Signature] Date: 2/5/20  
 Supervisor Notes: completed 3 parts