

## 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>Michael</u>	Last Name: <u>Kennedy</u>
Job Title: <u>Corp Dir Bus &amp; Fin Analytics</u>	Program/Site: <u>Admin / Arcadia</u>
Divisional Director: <u>Joseph Wong</u>	Division: <u>Accounting</u>
Supervisor Name: <u>Joseph Wong</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: Basic definitions, regulations related to cultural competency  
 Date: 12/15/2020 Time: 10:00am # of Hours: 0:37 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: Cultural humility, ...cultural competency in service delivery  
 Date: 12/15/2020 Time: 10:40am # of Hours: 0:30 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
  
- 3  Training Name: Cultural competency scenarios and group discussion  
 Date: 12/15/2020 Time: 11:15am # of Hours: 0:18 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

**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: \_\_\_\_\_