

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 upload to MyPCTI Online. 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>Vicky</u>	Last Name: <u>Kwan</u>
Job Title: <u>Clinical Team Supervisor</u>	Program/Site: <u>CYF</u>
Divisional Director: <u>Terry Gock</u>	Division: <u>APFC</u>
Supervisor Name: <u>John Wu</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 Training(s)

1 **Training Name:** A Trans-affirmative Model of Assessment and Treatment of Gender Incongruence.
Training Provider: Milton Institute - Evolution of Psychotherapy Eli Coleman

Date: 12/30/2020 **Time:** _____ **# of Hours:** 2 **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:** Keynote - Therapeutic Oppression or Liberation: The Case for Multicultural Counseling and Therapy (MCT)
Training Provider: Milton Institute - Evolution of Psychotherapy -- Derald Sue

Date: 12/30/2020 **Time:** _____ **# 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

Please use a new form to list additional trainings.

Supervisor Use Only

Request Approved: 1 2 3 **Supervisor Signature:**  **Date:** 1/15/2021

Supervisor Notes: _____

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

Training Completed: 1 2 3 **Supervisor Signature:** _____ **Date:** _____

Supervisor Notes: _____