

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>David</u>	Last Name: <u>Martel</u>
Job Title: <u>Corporate Director</u>	Program/Site: <u>Arcadia</u>
Divisional Director: <u>Kris Giordano</u>	Division: <u>Contracts</u>
Supervisor Name: <u>Kris Giordano</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:** Cultural Competency 101 (County of Los Angeles DMH)
Date: 9/25/19 **Time:** 12:30 pm **# 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:** _____
 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:** *Kris Giordano* **Date:** 9/23/19
Supervisor Notes: _____

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

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