

Training Institute

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: Aaron ~~Boada~~ Last Name: Tumada
 Job Title: Mental Health Therapist Program/Site: Podiatry
 Divisional Director: Zhake Alaei Division: _____
 Supervisor Name: Zhake Alaei

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: The IPV Revolution: Dismantling oppression and building solidarity
 Training Provider: USC

Date: 10-10-18 Time: _____ # of Hours: 8 Location: USC

- 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: Immigration for social work practitioners: working with immigrant families in the changing landscape
 Training Provider: USC

Date: 10-20-18 Time: _____ # of Hours: 8 Location: USC

- 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: [Signature] Date: 10/28/19
 Supervisor Notes: _____

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

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