

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>Alicia</u>	Last Name: <u>Hinton</u>
Job Title: <u>Contracts Administrative Assistant</u>	Program/Site: <u>Corporate/Arcadia</u>
Divisional Director: _____	Division: _____
Supervisor Name: <u>David Martel</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) https://youtu.be/o5Bea-apQu8?list=PLBXgZMI_zqfQEgcN674q4nVvdPqdrWdQP

Please list the Desired Training(s)

- 1 Training Name: https://www.samhsa.gov/tribal-ttac/webinars/youth-family (Part 1 & 2)
 Date: 9/20/2019 Time: 9:30am # of Hours: 1hr. 19min Location: see website below
 Pacific Clinics Training Pacific Clinics Webinar https://youtu.be/o5Bea-apQu8?list=PLBXgZMI_zqfQEgcN674q4nVvdPqdrWdQP
 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: _____ Date: _____
 Supervisor Notes: _____