Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

Training Institute

TRAINING APPROVAL/CONFIRMATION FORM

Please complete this form and provide to your supervisor <u>at least two weeks prior</u> to the start of the training you plan on attending.
<u>NOTE THAT PRE-APPROVAL IS REQUIRED PRIOR TO REGISTERING FOR ALL TRAININGS.</u>
Please keep a copy for your files and upload to MyPCTI Online. For <u>external trainings</u> that <u>do not</u> provide certificates of completion, supervisors can use this form to provide confirmation that the training has been completed by their staff.

First Name: Mary   **Last Name:** Cline

Job Title: Training Administrator   **Program/Site:** PCTI

Divisional Director: Elva Pacheco   **Division:**

Supervisor Name:

What is your primary reason for attending? *(Select box below)*

- [ ] Required for license/license renewal
- [ ] Required for management/professional development
- [x] Required Culturally Responsive training
- [ ] Mandatory training
- [x] Other (Specify) _____

Please list Training(s)

1 [x]   *Training Name:* The Spectrum of Gender and Sexuality / 25th Annual Asian American Mental Health Conference

Training Provider: Vernon Rosario, MD, PhD

Date: 10/10/2019   *Time:* 1:15 - 2:45   *# of Hours:* 1 1/2   *Location:* Almansor Court- 700 South Almansor Street Alhambra, CA 91801

- [ ] Pacific Clinics Training
- [ ] Pacific Clinics Webinar
- [x] Non-Pacific Clinics In-Person Training
- [ ] Non-Pacific Clinics Webinar
- [ ] Non-Pacific Clinics self-paced online module

2 [ ]   *Training Name:* _____

Training Provider: _____

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: [x] 1 [ ] 2 [ ] 3   *Supervisor Signature:* *Elva Pacheco*   *Date:* 10/28/19

Supervisor Notes: _____