



DATE: 10/9/2018

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: Alice Last Name: Loo
 Job Title: Director of Claims Analytics & Reporting Program/Site: Claims ops
 Divisional Director: Sharon Baker Division: Claims ops
 Supervisor Name: Sharon Baker

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 for working with Immigrant Populations
 Date: 10/9/18 Time: 11:45 am # of Hours: 1.5 Location: Alhambra 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: Sharon E. Baker Date: 11/26/18
 Supervisor Notes: _____

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

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

If you have questions or comments, please don't hesitate to contact:

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 Epidemiology TA Provider
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 Project Director
 Education Development Center
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Presenters



Deborah McLean Leow

- Attendees (7)
- Active Speakers
- Hosts (2)
 - Jill Pohren
 - Julia Eldridge
- Presenters (1)
 - Candace Peterson
- Participants (4)
 - Christina Lloyd
 - Chuck Kleygaard
 - Janet Kittams-Lalley
 - Stephanie Schweitzer Dixon

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 - you bet!
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 - Thanks for the handout. Val...
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 - References
 - Thanks so much!
 - thanks!
 - Thank you :)
 - Can you go back to the last C...
 - thank you
 - PowerPoint Presentation
 - if you have questions or com...
 - Thanks to Deb !!
 - Thank you!
 - Thanks
 - Thank you!!
 - Thank you!

Chat (Everyone)

Stephanie Traversie: Thank you :)

Rosemary Hayward: Can you go back to the last contact slide?

Darcy Jensen: thank you

Chuck Kleygaard: Thanks to Deb !!

Melinda Olson: Thank you!

sabrina.harmon@k12.sd.us: Thanks

Deb McLean Leow: Thank you!!

Jeanne Pufahl-Ward: Thank you!

Files	Name	Size
	handout_SD resource list slide40.docx	50 KB

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