

DATE: 7/29/19

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>Cecilia</u>	Last Name: <u>Urend</u>
Job Title: <u>Mental Health Therapist</u>	Program/Site: <u>Whittier</u>
Divisional Director: <u>Alejandro Lucas</u>	Division: <u>Latino-Latino Services</u>
Supervisor Name: <u>Jennifer Kung</u>	

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

<input type="checkbox"/>	Required for license/license renewal
<input type="checkbox"/>	Required for management/professional development
<input checked="" type="checkbox"/>	Required Culturally Responsive training
<input type="checkbox"/>	Mandatory training
<input type="checkbox"/>	Other (Specify) _____

Please list the Desired Training(s)

- 1 Training Name: Diversity Training (onboarding)
 Date: 7/16/19 Time: _____ # of Hours: _____ Location: Arcadia
 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: DMH Cultural Competency 101 Series
 Date: 7/29/19 Time: _____ # of Hours: 1.5 Location: Whittier
 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: Alejandro signing 2nd item training 10/16/19
Jennifer Kung signing for 1st item 10/28/19

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

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

Supervisor Notes: _____