

DATE: 10/22/19

### 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>Jose</u>	Last Name: <u>Oropeza</u>
Job Title: <u>MHI Therapist</u>	Program/Site: <u>Whittier PC</u>
Divisional Director: <u>Alejandro Lucas</u>	Division: <u>LYP</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: DMH Cultural Competency 101 Series  
 Date: 10/22/19 Time: 1 # 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
  
- 2  Training Name: On boarding Cultural Competency Training  
 Date: 7/19/19 Time: 9AM # of Hours: 1 Location: Arcadia, CA  
 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: [Signature] Date: 10/22/19  
 Supervisor Notes: \_\_\_\_\_

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

Training Completed:  1  2  3 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Notes: \_\_\_\_\_