

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 upload to MyPCTI Online. 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>Michael</u>	Last Name: <u>Kennedy</u>
Job Title: <u>Corp Dir Bus & Fin Analytics</u>	Program/Site: <u>Arcadia</u>
Divisional Director: <u>Joseph Wong</u>	Division: <u>Admin / Finance</u>
Supervisor Name: <u>Joseph Wong</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) _____

Please list Training(s)

1 ☒ Training Name: Advancing the Diversity of the Public Health Workplace
 Training Provider: National Council for Behavioral Health

Date: 10/23/2019 Time: 11am # of Hours: 1 Location: Webinar

☐ Pacific Clinics Training ☐ Pacific Clinics Webinar
☐ Non-Pacific Clinics In-Person Training ☒ Non-Pacific Clinics Webinar ☐ Non-Pacific Clinics self-paced online module

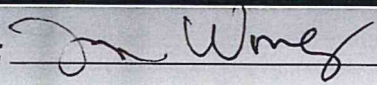
2 ☐ Training Name: _____
 Training Provider: _____

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: 10/23/19
 Supervisor Notes: _____

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

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