Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE
Training Institute

# 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: Michael Last Name: Kennedy
Job Title: Corp Dir Bus & Fin Analytics Program/Site: Arcadia
Divisional Director: Joseph Wong Division: Admin / Finance
Supervisor Name: Joseph Wong

**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:*** _____