



## 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>JOANNA</u>	Last Name: <u>CHHUOR</u>
Job Title: <u>PAYROLL ACCOUNTANT</u>	Program/Site: <u>ADMIN. - ACCOUNTING</u>
Divisional Director: <u>CARY WONG</u>	Division: <u>ADMINISTRATION</u>
Supervisor Name: <u>JAMES DAWSON</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 the Desired Training(s)

- 1  Training Name: Increasing Cultural Competency to Reduce Health Disparities: Approaches for States, Tribes, and Jurisdictions  
 Date: 1/7/2019 Time: 3-5pm # of Hours: 2 Location: Online Training  
 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: Increasing Cultural Competency to Reduce Health Disparities: Approaches for Communities  
 Date: 2/4/2019 Time: 3-5pm # of Hours: 2 Location: Online Training  
 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: James Dawson Date: 1/23/19  
 Supervisor Notes: \_\_\_\_\_

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

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