

## 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>Yendera</u>	Last Name: <u>Villanueva</u>
Job Title: <u>Client Data Specialist</u>	Program/Site: <u>Foothill</u>
Divisional Director: _____	Division: <u>Admin-Claims Operation</u>
Supervisor Name: <u>Crystal Spence</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: Part 1: Basic definitions, regulations related to cultural competency, LACDMH strategies to reduce mental health disparities, and LACDMH demographical and client utilization data  
 Date: 09/16/2019 Time: 9:40 am # of Hours: 37min Location: Office/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: Part 2: Cultural humility, client culture, stigma, elements of cultural competency in service delivery, and resources  
 Date: 09/16/2019 Time: 10:17am # of Hours: 30 min Location: Office/Webinar  
 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: Part 3: Cultural competency scenarios and group discussions  
 Date: 09/16/2019 Time: 10:47am # of Hours: 18.5 min Location: Office/Webinar  
 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: 9/16/19  
 Supervisor Notes: \_\_\_\_\_

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

Training Completed:  1  2  3 Supervisor Signature: \_\_\_\_\_ Date: 9/16/19  
 Supervisor Notes: Completed 09/16/19