

DATE: 10/28/19

### 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>Sandoz</u>
Job Title: <u>LOW</u>	Program/Site: <u>El Camino</u>
Divisional Director: <u>Alejandro Lucas</u>	Division: <u>DAFSP</u>
Supervisor Name: <u>Lisa Valle</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: Behavioral Health Care for Lesbian, Gay, Bi-Sexually Transgender, and Queer (LGBTQ) People  
 Date: 10/29/19 Time: 1245 # of Hours: 1 Location: El Camino office  
 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: \_\_\_\_\_  
 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
  
- 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: Valle, LMFT   Date: 10/29/19  
 Supervisor Notes: \_\_\_\_\_

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

Training Completed:  1    2    3   Supervisor Signature: Valle, LMFT   Date: 10/29/19  
 Supervisor Notes: \_\_\_\_\_