

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>Connie</u>	Last Name: <u>Sun</u>
Job Title: <u>Team Supervisor</u>	Program/Site: <u>66H</u>
Divisional Director: _____	Division: <u>WVF</u>
Supervisor Name: <u>Audrey Read Brown</u>	

What is your primary reason for attending? (Select box below)

<input type="checkbox"/>	Required for license/license renewal
<input type="checkbox"/>	Required for management/professional development
<input checked="" type="checkbox"/>	Required Culturally Responsive training
<input type="checkbox"/>	Mandatory training
<input type="checkbox"/>	Other (Specify) _____

Please list Training(s)

1 Training Name: LG BTR
 Training Provider: Joana Garcia
 Date: 9/20/18 Time: 11 AM # of Hours: 1 Location: 66 Harbut
 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: _____
 Supervisor Notes: _____

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

Training Completed: 1 2 3 Supervisor Signature: _____ Date: 10-22-19
 Supervisor Notes: Internal CR training but was not set up in PCTI