

## 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>Marine</u>	Last Name: <u>Nersisyan</u>
Job Title: <u>Clinical Team Supervisor</u>	Program/Site: <u>CPS - HyeWrap</u>
Divisional Director: <u>Lisa Lansing</u>	Division: <u>CPS</u>
Supervisor Name: <u>Gina Mardian</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 Training(s)

1  Training Name: Enhancing the Diversity of the Public Health Workforce: Why Diversity, Inclusion and Competence Matter  
 Training Provider: Mental Health First Aid National Council for Behavioral Health

Date: 10/23/19 Time: 11am-12pm # of Hours: 1 Location: Online 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: 10/29/19

Supervisor Notes: \_\_\_\_\_

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

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

Supervisor Notes: \_\_\_\_\_