

DATE: 7/29/19

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>Katie</u>	Last Name: <u>MARTINEZ</u>
Job Title: <u>Mental Health Therapist</u>	Program/Site: <u>Whittier</u>
Divisional Director: <u>Alejandro Lucas</u>	Division: <u>Latino Youth Careers Program</u>
Supervisor Name: <u>Tania Valherra</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:** Diversity Training (onboarding)
Date: 7/16/19 **Time:** _____ **# of Hours:** _____ **Location:** Arcadia
 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:** DHA Cultural Competency 101 Series
Date: 7/29/19 **Time:** _____ **# of Hours:** 1.5 **Location:** Whittier
 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:  Date: 10/28/19

Supervisor Notes: _____

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

Training Completed: 1 2 3 Supervisor Signature: _____ Date: _____

Supervisor Notes: _____