

DATE: 10/18/19

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: John Last Name: Serna Esparza
 Job Title: mental health therapist Program/Site: LTP-Whittier
 Divisional Director: Alejandro Lucas Division: _____
 Supervisor Name: Tania Valdivia

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: Cross-Cultural Competence- Webinar
 Date: 10/22/19 Time: 10AM-12PM # of Hours: 2 Location: Online
 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: Diversity training (onboarding)
 Date: 8/13/19 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

- 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: [Signature] Date: 10/21/19
 Supervisor Notes: _____

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

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