

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>Andy</u>	Last Name: <u>Ying</u>
Job Title: <u>Mental Health Therapist I</u>	Program/Site: <u>Adult OT/APFC</u>
Divisional Director: <u>Terry Gock, Ph.D.</u>	Division: <u>APFC</u>
Supervisor Name: <u>Chia-wen Hsieh, Psy.D.</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: Multicultural Mental Health Conference: Health Integration through a Who-istic approach
 Date: 6/18/2019 Time: 8am # of Hours: 9 Location: LA Convention Center
 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: _____
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 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: 11/6/19
 Supervisor Notes: prior approval given, this is a formal request on paper.

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

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