

Training or Continuing Education Activity
One Training or Activity Per Form

Name of Training Held: _____

Name & Title of Instructor: _____

Training Date and Time: _____ Location: _____

Topic Requested: _____ Estimated Presentation Length: _____

Goals and Objectives (or attach):

***Note:** Attach agenda, the speaker(s) brief biographical sketch/Curriculum Vitae, and PowerPoint (Google Slides) and/or handouts that have been provided; attach any pertinent news articles, media, etc.*

Approved by State Agency Staff Development Specialist/Training Coordinator:

_____ **Date:** _____

Approved by State Agency Staff:

Name and Title: _____

Signature: _____ **Date:** _____

Name and Title: _____

Signature: _____ **Date:** _____

