Training Verification

When certificates for training are not offered for on-line and/or in-person trainings, this form must be completed, signed and dated by supervisor and placed in individual staff files for monitoring purposes. Please attach the training agenda and description.

Staff name: _______________________________________________________________________

Staff title: _______________________________________________________________________

County: _____________________________________

Name of program: _______________________________________________________________

Program Type (please circle):

Comprehensive  Domestic Violence  Dual  MADD  Probation  Sexual Assault

Title of training: _______________________________________________________________

Sponsor of training: ___________________________________________________________________

Was prior approval for non-PCCD sponsored trainings verified by PCCD (please circle): Yes  No

If no, please contact Vicki McCloskey at (717) 265-8746 to obtain approval for non-PCCD sponsored training.

Briefly describe what you have learned at this training and how it relates to your job duties under PCCD funding.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________


In order to receive credit for a PCCD sponsored training where multiple staff utilize a single computer, this form must be completed and emailed to Vicki McCloskey at vmccloskey@pa.gov.

O:\OVS\Monitoring\Training Verification.docx