For staff only:
☐ Copy of material located in regional office: C NC NW WC

For office Use:
☐ Approved
☐ Added to approved list
☐ Not approved

TRAINING PRE-APPROVAL REQUEST FORM

Please allow at least two weeks for processing

Today's Date: _____

Person Requesting: _____ Region (if known): C NC NW WC

Type of Training—check ONE:

____Book Number of Pages____ Author _____
Title_____

____Videotape/Audiotape/DVD Run Time: Hours_____ Minutes_____
Title_____

____Online training course
Title of Online Course_____
Internet Address_____

____Classroom Training Course
Name of Course_____
Training Location/Agency Name_____
Trainer/Presenter_____
Dates_____ Length of Training_____

Brief description of material, including how this training is applicable foster care:

Email, Fax or Mail to:

Adriel-Training Department
3454 Oak Alley Court, Suite 308
Toledo OH 43606
Phone (419) 724-0276
Fax (419)724-0279
training@adriel.org