

## Application for Training Approval for Continuing Professional Development Units

**Before completing this form, please read instructions on reverse side. Please type or print form.**

**Applicant Information:**

Applicant's Resident County or County Board: \_\_\_\_\_

Name of Individual Applying for Approval: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address for Individual Applying for Approval: \_\_\_\_\_

Applicant's Title/Position: \_\_\_\_\_ Applicant's Employer: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

**Training Information:**

Training Topic/Title: \_\_\_\_\_

Training Location: \_\_\_\_\_

Training Date: \_\_\_\_\_ Is training ongoing?  Yes  No

Instructor's Name: \_\_\_\_\_ Instructor's Position: \_\_\_\_\_

**Attendance Verifiers:**

Name	Position/Agency	Signature (Required for Processing)

**Comments: (Use reverse side if more space is needed.)**

\_\_\_\_\_

\_\_\_\_\_

**Type of Approval Requested:**

Type of Registration/Certification	Units Requested
Adult Services/Day Habilitation	
Early Intervention	
Investigative Agent*	
Service and Support Administration	
Superintendent	
County Board Members	

**Approval/Disapproval:  
(For DODD use only)**

Units Approved	Disapproval Code

**Disapproval Codes:**

I = Inappropriate Content

L= Lacks Detailed Agenda

N = No Timeline Provided

P = Post Training Request

O = Other (See Comments)

\*For Investigative Agency CPD applications only: Request for Double CPD Units for the certified Investigative Agent conducting the CPD training. List trainers to receive double units: \_\_\_\_\_

**Signature of Individual Applying for Approval:**

\_\_\_\_\_

**Signature of DODD Designee:**

\_\_\_\_\_

**Approval Number**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Application for Training Approval for Continuing Professional Development Units**

### **Instructions:**

1. This application must be completed and submitted prior to the beginning of the training. **The original-signed application must be received by DODD on or prior to the day of training; training is not approved retroactively.**
2. Failure to properly complete this form or to include supporting documents will result in processing delay.
3. An agenda or syllabus that identifies topics, timelines, and objectives of the training must be submitted with this form. The instructor's vita is not required.
4. Training must be relevant to the duties that match the type of registration/certification approval requested.
5. A minimum of 50 minutes is required for one continuing professional development unit. Approval will not be granted for partial units.
6. A copy of this form will be returned to the applicant with approval/disapproval noted.
7. Training participants must attend the entire session as described in the agenda or syllabus to receive continuing professional development units.
8. Training instructors are responsible for maintaining records to sufficiently document attendance by participants.
9. Attendance verifiers must verify attendance at the conclusion of the training session.
10. Training participants are responsible for securing verification of attendance at the conclusion of training.
11. Ongoing Training refers to the same Training Topic/Title, Syllabus/Agenda, Timelines, and Agenda listed in the application being offered repeatedly in the future by the same instructor(s) and same Attendance Verifier(s). This application for CPD Units would apply to those trainings as well. Checking "Yes" will allow this application to apply to these future trainings. Checking "No" indicates that this is a one-time training.
12. Email this completed application and supporting documents to [provider.certification@dodd.ohio.gov](mailto:provider.certification@dodd.ohio.gov) or fax to **614-728-7836**.

### **Additional Comments:**

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