

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:

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	
Supt/Asst Supt (Business/Public Administration Stream)	
Supt/Asst Supt (Services/Programs/Supports Stream)	
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)

Signature of Individual Applying for Approval:

Date: _____

Signature of DODD Designee:

Date: _____

Approval Number

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. If continuing professional development units are requested for Superintendent and/or Assistant Superintendent certification, the applicant must specify which training stream (Business/Public Administration or Services/Programs/Supports) is requested. **Training cannot be approved for both streams.**
6. A minimum of 50 minutes is required for one continuing professional development unit. Approval will not be granted for partial units.
7. A copy of this form will be returned to the applicant with approval/disapproval noted.
8. Training participants must attend the entire session as described in the agenda or syllabus to receive continuing professional development units.
9. Training instructors are responsible for maintaining records to sufficiently document attendance by participants.
10. Attendance verifiers must verify attendance at the conclusion of the training session.
11. Training participants are responsible for securing verification of attendance at the conclusion of training.
12. If you need help completing this form, please call 1-800-617-6733 and choose Certification when prompted.
13. Email this completed application and supporting documents to provider.certification@dodd.ohio.gov or fax to **614-728-7836**.

Additional Comments:
