



**County of San Bernardino
Department of Behavioral Health
Field Testing Request Form**

Submit Field Testing Request Form and electronic version of written materials to Cultural Competency email: cultural_competency@dbh.sbcounty.gov

Document Title: _____

Clinic/Program: _____

Contact: _____ Phone: _____

Comments: _____

Note: If written materials have been submitted to the Office of Cultural Competence and Ethnic Services (OCCES) for translation, a field testing request does not need to be made.

Field Testing Request Form
County of San Bernardino
Department of Behavioral Health

Cultural Competency Use Only

Request Date:

Field Test Request Number:

Document Title: