



**County of San Bernardino
Department of Behavioral Health**

TRAINING COORDINATION REQUEST FORM

Note: You must obtain approval from your manager prior to submitting this request.

Please Note: All Training sessions, coordinated through the Department of Behavioral Health, shall have a **Cultural Competency** component integrated into their curriculum.

| | | | |
|---|--|--|--------------|
| Date: | | Training Unit Receipt Date: | |
| Person Requesting Training: | | | |
| Dept / Unit: | | | |
| Phone: | | Fax: | |
| Topic or Tentative Title: | | | |
| Name(s) of presenter(s) or recommended: | | | |
| Phone# for presenter: (Wk) | | (Cell) | E-Mail: |
| Training budget/cost: | | | Cost Center: |
| Suggested date(s) for presentation: | | | |
| Suggested presentation time: | | # of expected attendees: | |
| Intended audience: | | | |
| Preferred Location: | | Is this a mandatory training? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is this training part of a series of trainings? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. | | | |
| What are the desired objectives of this training? | | | |
| Will you be using handouts to assist in the training? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Will you be providing a flyer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Is the curriculum already developed? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain: | | | |
| Will CE credit approval be requested for this training? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, which disciplines: <input type="checkbox"/> APA <input type="checkbox"/> BBS <input type="checkbox"/> BRN <input type="checkbox"/> CAADAC <input type="checkbox"/> CAADE | | | |
| Equipment needed: <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Laptop <input type="checkbox"/> Flip Chart <input type="checkbox"/> Microphone <input type="checkbox"/> TV/VCR <input type="checkbox"/> Slide Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Other | | | |
| Comments: (Interested in a rehearsal? Want us to create the flyer? Special arrangements?) | | | |

DBH Use Only

Program Manager's signature of approval: _____

Deputy Director's signature of approval: _____