

MCCMH Training / Consultation / Conference Documentation

Name: _____ Service Unit: _____

Activity Date: _____ Hrs: _____ CE & Type (ie, SW, RN) _____

Please check:

- Internal Training (Lunch 'n Learns, inservices, CAFAS Training, etc)*
Topic / title:
Trainer / presenter:
- External Training / Conference*
Topic / title
Trainer / presenter:
PLEASE ATTACH APPROPRIATE DOCUMENTATION (ie certificate of attendance)
- Other planned & deliberately designed training activity (ie, video training & discussion, case presentations, VHS/DVD book outline & summary, etc)*
MUST HAVE PRIOR APPROVAL THROUGH NETWORK TRAINING OFFICE & BE SIGNED BY SUPERVISOR
- Psychiatric Consultation (circle area discussed-assessmnt, diagnosis, treatment)*
MUST BE SIGNED BY SUPERVISOR

Deliberately designed training activity / psych consultation info: _____

I certify that this individual did participate in the above referenced activity on this date.
(At least one signature is required)

Clinical Supervisor Date

Training Coordinator Date

PLEASE FORWARD TO MCCMH Training Dept UPON COMPLETION.

Send Interoffice mail to: Administration, Training

For NTO use:	hrs
Initials:	