

Provider Request for Adult Foster Home Training Credit

***Request must be received 5 p.m. on Wednesday for consideration the following Monday.**
***Please type or print legibly. Incomplete submissions will not be processed.**

Type of AFH license (Check the type of license you have or type of AFH you work in.)

Addictions and Mental Health Aged and Physically Disabled Developmental Disabilities

Application submitted by:

Date:

Phone:

E-mail:

FAX or mailing address: (If e-mail not provided.):

Title of training:

Location:

Date of training:

Start time:

End time:

Cost: \$

Limits on participation (i.e. Smith foster home providers only): Yes No

Explain limits:

Name(s) of instructor/author/presenter: (add extra page if multiple)

Credits requested:

Brief description of training content and its applicability to the AFH:

Choose one: Web Self-study Classroom Conference Video
 Other Describe:

Please provide all of the following: (Demonstration of course content required.)

- Course advertisement, brochure, registration Course or training outline, curriculum
 Course or conference agenda Training materials-PowerPoint handouts
 Web site address if applicable Course exam materials
 Literature - Submit the following: Author name, publication date and contact description
 Video: requires detail of content and publication date

If approved, would you like it posted to the AFH training web site? Yes No