

# Application for Training Approval

Email completed application and supporting documents to [provider.certification@dodd.ohio.gov](mailto:provider.certification@dodd.ohio.gov) or fax to 614-728-7836.

**Please read before beginning the application.**

A signed application must be received by DODD 30 days before the first day of the training.

Training approval expires two years from the approval date or whenever there is a significant change to the training's objectives or syllabus. In both cases a new application must be submitted with supporting documentation.

A copy of this form will be returned to the applicant with approval/disapproval noted.

Training for adult services workers, county board members and service and support administrators may be approved by the Superintendent of a county board of developmental disabilities.

Note: This form uses the term **credit hour** in discussing any one hour of the following:

5123:2-1-13 – *In-service training* for county board members

5123:2-5-01, 5123:2-5-02, 5123:2-5-03, and 5123:2-5-07 – *Continuing professional education* for adult services workers, service and support administrators, superintendents, and investigative agents

5123:2-5-05 – *Professional development* for Early Intervention Specialists

## Training Requirements

Training content submitted must match the type of certification approval requested.

A minimum of one hour is required for approval. After one hour, partial hours may be approved in 30 minute increments (1.5 hours = 1.5 CPD units).

## Documentation

An agenda or syllabus that contains the topic, brief description, timeline, and objectives of the training must be submitted with the application.

If you do not complete the application or neglect to include supporting documents it will result in a delayed response (approval/disapproval) to your application.

## On the Day of Training

Training instructors are responsible for maintaining records to sufficiently document attendance by participants.

Training participants must attend the entire session as described in the agenda or syllabus to receive credit. Partial credit will not be approved.

Training participants are responsible for securing verification of attendance and CPD approval codes at the conclusion of training.

## Admin Only

Disapproval Codes	Comments
I = Inappropriate content	
L = Lacks detailed agenda	
N = No timeline provided	
P = Post training request	
O = Other (see comments)	

# Application for Training Approval

## Applicant

Name		Email	
County	Title or Position		Employer
Address			Phone

## Training

Topic or Title			
Date		Location	
<input type="checkbox"/> check if this is an ongoing training			
List the primary trainers for this event. If necessary, attach a separate document to list additional trainers.	Instructor 1 Name		Instructor 1 Position
	Instructor 2 Name		Instructor 2 Position

## Attendance Verified By

Name		Agency	
Position	Method	Signature <b>(required)</b>	

## Type of Certification

	Hours Requested	Hours Approved	Disapproval Code	Approval Number	
<b>Early Intervention</b>	_____	_____	_____	_____	
<b>Investigative Agent</b>	_____	_____	_____	Approval Date	Approval Expiration Date
<b>Superintendent</b>	_____	_____	_____	_____	
<b>Adult Services</b>	_____	_____	_____	_____	
<b>County Board Member</b>	_____	_____	_____	_____	
<b>Service and Support Administration</b>	_____	_____	_____	_____	

  

<b>Signature of Applicant</b>		<b>Date</b>
<b>Signature of DODD Designee</b>		<b>Date</b>