

Application for Training Approval for Continuing Professional Education/Professional Development

Before completing this form, please read instructions on reverse side. Please type or print form.

Applicant Information:

Name of individual applying for approval: _____ Business Phone: _____

Email Address: _____

Applicant's Title/Position: _____ Applicant's Employer: _____

Training Information:

Training Topic/Title: _____

Training Location: _____

Training Date: _____ Is training ongoing? Yes No

Instructor's Name: _____ Instructor's Position: _____

Attendance Verifiers:

| Name | Position/Agency | Signature (Required for Processing) |
|------|-----------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |

Comments: (Use reverse side if more space is needed.)

Type of approval requested:

Approval

Disapproval

| Type of Certification | Hours Requested | Hours Approved | Disapproval Code |
|-----------------------|-----------------|----------------|------------------|
| Early Intervention | | | |
| Investigative Agent* | | | |
| Superintendent | | | |

Disapproval Codes:

- I = Inappropriate Content
- L = Lacks Detailed Agenda
- N = No Timeline Provided
- P = Post Training Request
- O = Other (see comments)

*For Investigative Agent applications only: Request for Double credit for the certified Investigative Agent who developed and is conducting the training. List trainers to receive double credit: _____

Signature of Individual Applying for Approval: _____

Signature of DODD Designee: _____

Date: _____

Date: _____

Approval Number



Department of
Developmental Disabilities

Division of Medicaid Development & Administration

Ted Strickland, Governor
John L. Martin, Director

**Application for Training Approval
for Continuing Professional Education/Professional Development**
Employees of County Boards of Developmental Disabilities

Instructions:

1. This application must be completed and submitted prior to the beginning of the training. The signed application must be received by DODD on or before the day of training: training is not approved retroactively.
2. Failure to properly complete this form or to include supporting documents will result in processing delay.
3. An agenda or syllabus that identifies topics, timelines, and objectives of the training must be submitted with this form. The instructor’s vita is not required;
4. Training must be relevant to the duties that match the type of certification approval requested.
5. A minimum of one hour is required. Approval will not be granted for partial hours.
6. A copy of this form will be returned to the applicant with approval/disapproval noted.
7. Training participants must attend the entire session as described in the agenda or syllabus to receive credit.
8. Training instructors are responsible for maintaining records to sufficiently document attendance by participants.
9. Attendance verifiers must verify attendance at the conclusion of the training session.
10. Training participants are responsible for securing verification of attendance at the conclusion of training.
11. Ongoing Training refers to the same Training Topic/Title, Syllabus/Agenda, timelines, and Agenda listed in the application being offered repeatedly in the future by the same instructor(s) and same Attendance Verifier(s). The application would apply to those trainings as well. Checking “Yes” will allow this application to apply to these future trainings. Checking “No” indicates that this is a one-time training.
12. Email this completed application and supporting documents to provider.certification@dodd.ohio.gov or fax to 614-728-7836.

Additional Comments:

30 E. Broad Street
13th Floor
Columbus, Ohio 43215

(614) 728-2556 (Phone)
(614) 752-5303 (Fax)
dodd.ohio.gov