Resource Family In-Service Training Request

PURPOSE:

The purpose of this form is to provide the documentation for a resource parent to request in-service training credit for a training that is not facilitated, sponsored, or provided by the agency supervising the license or approval.

INSTRUCTIONS FOR COMPLETION

The form is specific to one individual.
Only one training request per form is allowed.

I. The resource provider completes Section A.
    a) Enter Name, County, Circuit, and Department Vendor Number (DVN).

Group/ Conference Training

    b) Check box provided if request is for a group or conference training.
    c) Enter the Title of training.
    d) Check the box that identifies the attached supporting documentation regarding the training content; training syllabus, brochure, or other.
    e) Check the box that identifies the attached supporting documentation which verifies completion of the training; signed certificate, letter of completion, sign in sheet. This requested information will be submitted by the provider after the training is completed.
    f) Enter the date(s) and time(s) of the training.
    g) Enter the location of the training.
    h) Enter the name of the training instructor(s).
    i) Enter the number of actual hours participating in training. Time required for travel and meals will not be included.

Self-Trainings/Special Trainings; e.g. Book Reading, Video Watching, and Web-based

    j) Check box provided if request is for a self-training or special training.
    k) Enter the type of training.
    l) For a book, check the Book box, enter the title, author and number of pages.
    m) For a video, check the Video box, enter the title and the length of the video.
    n) For a web-based training, check the Website box, enter the title, length of training, the web address and attach a certificate of completion.

The resource provider submits the form to their licensing worker.

II. The licensing worker completes Section B.
    a) Will the training assist the provider in meeting their Professional Family Development goals? Check appropriate box, yes or no.
    b) This provider has met his/her PFDP goals? Check appropriate box, yes or no.
    c) Enter the amount of training hours requested.
    d) Enter the training code to be used.
    e) Worker signs and dates and checks appropriate approval box, yes or no.

    f)   Worker's supervisor signs and dates and checks appropriate approval box, yes or no.

III. After the worker obtains his/her supervisor's approval, the CD-114 is returned to the resource provider as way of notification the training is approved and for the provider to complete Section C.

IV. The resource provider completes Section C after completion of the training.

V. The resource provider submits the CD-114 for the final time to the licensing worker with required documentation attached (referred to in section I) for placement in the resource case file and entry of training hour credit in FACES.

Memoranda History:

[CD08-57](), [CD08-57](), [CD08-105](), [CD08-108](), [CD10-23](), [CD13-71]()