



The University of Oklahoma OUTREACH
National Resource Center for Youth Services

Verification of Continuing Education

Please submit one form per training attended. Include any additional information about the training, i.e. brochure, workshop or trainer write-up.

Applicant's Last Name _____ First Name _____

Agency Name _____

Agency Address _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ Email _____

Name of Training _____		Date of Training _____	
Related to Competencies:			
<input type="checkbox"/> Professionalism	<input type="checkbox"/> Cultural and Human Diversity		
<input type="checkbox"/> Applied Human Development	<input type="checkbox"/> Relationship and Communication		
<input type="checkbox"/> Developmental Practice Methods	<input type="checkbox"/> Other _____		
Number of Clock Hours Completed _____			

Training Location

City _____ State _____

Trainer's Last Name _____ First Name _____

Daytime Phone () _____ Email _____

I certify that the above information is true and correct.

Signature of Trainer _____ Date _____

For Office Use Only:

Date Received _____ Entered in Database Yes No