



III-D Evidenced-Based Program Training Request Form

Staff or Volunteers

Certification Re-Certification

Region: _____ Provider: _____

Name of Evidenced-Based Program: _____

Applicant Information

Full Name: _____
Last First M.I.

List locations where program will be offered: _____

How many times per year do you plan to offer the program? _____

Most Efficient Way to Contact You

Cell Phone: _____ Home Email: _____
Work Phone: _____ Work Email: _____

Certification Information

Date(s) of Training: _____ Location: _____

Entity Providing Training: _____ Phone: _____

Trainer Name: _____

Trainer Certification Costs

	<i>Course Fee</i>	<i>Materials</i>	<i>Mileage</i>	<i>Hotel</i>	<i>Meals</i>	<i>Other (explain):</i>
Actual Cost						
Total Cost:						<ul style="list-style-type: none"> Attach GSA Calculations https://www.gsa.gov/travel/plan-book/per-diem-rates

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any false or misleading information may result in my having to reimburse the state for training expenses and monies received for teaching sessions.

Agency Director: _____ Date: _____

AAA Approval: (Name) _____

Signature: _____